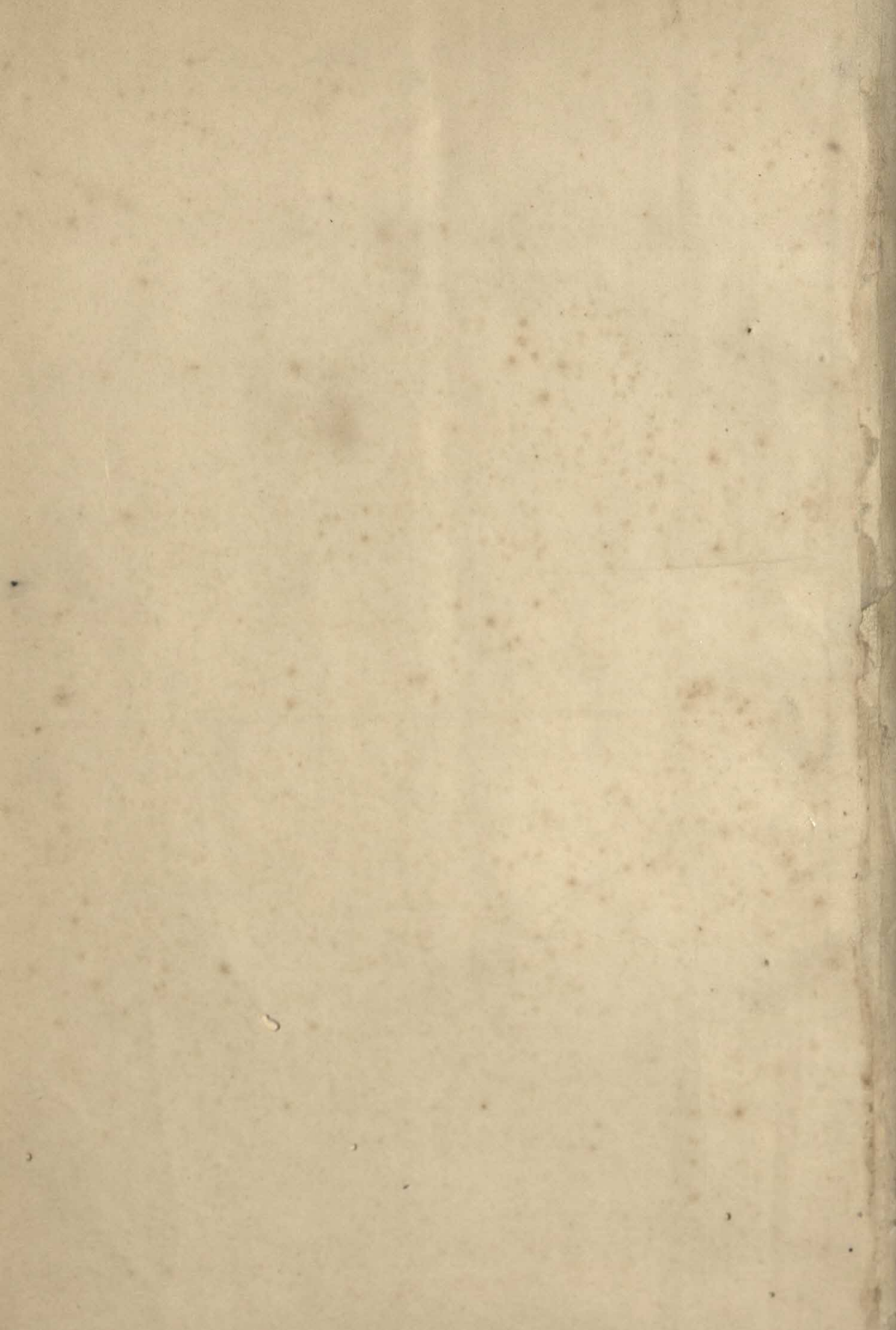


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THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

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Part 1

THE ORGANIZATION OF THE REPRODUCTIVE DRIVE¹

By

THERESE BENEDEK, M.D., CHICAGO

INTRODUCTION

Psycho-analysis considers the organization of the reproductive drive a result of ontogenetic development. It develops from the post-natal 'undifferentiated phase' in which needful infant and need-gratifying mother are a symbiotic unit. From this state which Freud termed (from the infant's point of view) a 'state of absolute primary narcissism' (22) the reproductive drive evolves in continual interaction with those environmental factors which influence the personality development of the individual.² When, through phasic thrusts toward maturation (directed by the dominance of the erotogenic zones) integration of 'genital primacy' is achieved, we assume that with physiological maturation the individual has also reached a degree of psychosexual maturity.

The term *genital primacy* refers to a drive organization which is consummated in heterosexual coitus reaching its climax in orgasm. This definition includes the heterosexual consummatory action of both sexes, but actually it was based on the model of the male. The reproductive function of the male, under the regulation of one hormonal group, the androgens, is discharged in one act, the aim of which is to deposit semen in the vagina. The female reproductive function cannot fit into this model, since the female sexual function has three phases. Heterosexual intercourse in the female, from the point of view of reproduction, is only a preparatory act. The care of the impregnated ovum during pregnancy

and of the offspring after parturition by lactation are two other phases of the female reproductive function. Pregnancy and mothering constitute the completion of psychosexual and reproductive maturity in women. Yet the drive organization which motivates pregnancy and lactation is not 'genital' in the same sense as is mating behaviour. The investigation of the sexual cycle in women has clarified the phasic course of the female reproductive functions and the psychodynamic processes correlated with them.

When this investigation began about twenty years ago, it was not the author's intention to elucidate theoretical concepts. Biologically, women are accessible to intercourse during any part of the cycle. Experientially, their sexual behaviour has multiple cultural and interpersonal motivations. Our task was to determine whether by means of psycho-analysis one could discern signs which are comparable to 'heat' in animals, from which one may infer ovulation. For this purpose the state of the ovarian cycle was established by daily vaginal smears and basal body temperature charts. The psycho-analytic records were analysed specifically in relation to the hormonal cycle. When the independently obtained data were compared, it was found that they coincided almost exactly. Both methods were able to establish the significant phases of the ovarian function.³

The aim of this presentation is to bring into focus some of the principles that are involved in applying the psycho-analytic method to research

¹ Revision of a paper of the same title presented at the Twenty-Fifth Anniversary Meeting, Institute for Psycho-analysis, Chicago, 16 November, 1957.

² Until not too long ago, we considered the plasticity of the innate sexual Anlage a special human distinction. The research of Heinroth, Lorenz, Tinbergen and others, however, has shown that similar plasticity of the innate pattern can be observed in animals, although to a lesser

degree. Thus Tinbergen writes: 'In all species where the parents take care of the young, the behaviour of the latter may be conditioned by the adults in a number of ways. But an individual may also learn from experiences with other parts of environment' (36).

³ Physiological research conducted by Boris B. Rubenstein, M.D. (4).

in the 'source' of sexual drives; to discuss the conclusions which may be drawn from the effectiveness of the predictive method; finally, to indicate how the psycho-dynamic processes derived from the study of the reproductive drive in women may suggest new approaches to the study of that drive in the male.

I

Bernfeld stated simply but succinctly: 'To start off with the observation of facts, to draw from them predictions which are verifiable by other facts, that is the modest endeavour of scientists today' (9).

What then were the observational data transmitted in the material recorded during analytic sessions? Our records were not verbatim. They included, however, the dreams, fantasies, and free associations which reflected the flow of emotions. For the most part they were sufficient to be approached by the usual method of psycho-analytic interpretation.⁴ Actually, psycho-analytic data are so manifold that a significant part of every research is to distil from the complexity of material the data pertinent to the problem under investigation.

In general, we consider two kinds of data: the primary data of observation, and secondary data at which we arrive by interpretation. Since each interpretation is based on one or more hypotheses accepted in the theoretical structure of psycho-analysis, psycho-analysts are accustomed to a 'practical', 'ad hoc' method of investigation,⁵ which, however, often takes assumptions for facts. It is necessary to distinguish not only the data of observations but also the theories on which our interpretations are based, and these again, from those 'secondary data' and/or secondary theories which we derive from interpretations.

What then were the 'fundamental facts' we observed? The consistent analysis of the psycho-analytic record revealed to us more than any other experience that the fundamental facts of psycho-analytic observation are affects, emotions, feelings, to which we respond primarily

with empathic understanding. 'Empathy has to be explicitly recognized as the basic fact of psycho-analytic communication and experience' (Kohut) (29). Since empathy is our fact-finding tool which may be blurred or blinded by the observer's resistances, the insight of the analyst into his own empathic, intuitive understanding is a prerequisite for the purification of the data, whether for the purpose of therapy or research. This is a simpler task in the analysis of the psycho-analytic record than in the immediate experience of the analytic situation. In interpreting the record, the 'countertransference' which originates in the 'scientific appetite' of the researcher, in his emotional involvement with his hypothesis, in his avidity for proof, may become the source of error. Yet these motivations are closer to consciousness and can be more easily controlled than those unconscious motivations which interfere with the sound evaluation of the experiences in the analytic process.

The events occurring during psycho-analytic sessions cannot be repeated. All events, external, interpersonal, and intrapsychic, can occur only once. (Even though patients report similar dreams repeatedly and use the same symbols frequently, they may have varying significance each time.) But analysing the record, the investigator can recognize the events which occur repeatedly in the psycho-analytic situation and can account for the factors responsible for the repetition. In our investigation we could count on two facilitating factors. One is that our research project acted as a selector, organizer of the material. Fluctuations in sexual affects and emotions present themselves to the empathic observer as direct experience. The other was that since the physiological processes are cyclic, some kind of repetition could be expected, after the pilot study revealed that the time of ovulation can be predicted from the analysis of the psycho-analytic record. This led some of the critics of our work to assume that, knowing the time of menstruation, the time of ovulation could have been assumed and not needed to be predicted.

⁴ When this investigation was in progress, the advantage of psycho-analytic research outside the 'live analytic situation' was not yet recognized. Since then the use of records has become the custom and the demand for 'complete' records is growing. Therefore it seems necessary to emphasize the advantage of such records, which were not intended to be complete and were in most cases taken by analysts who were not involved, or even interested, in the research. Yet such records contained sufficient relevant data without submerging them in masses of misleading details.

⁵ French was the first to investigate systematically whether psycho-analytic interpretations can be validated by psycho-analytic method. Such investigation, in which the various levels of interpretations during the different phases of the analytic process serve as checks on previous interpretations, can be done only on recorded material. Starting from the 'focal conflict' of the day, French proceeds to interpret the unconscious factors from which he finally formulates the intricate pattern of behaviour which, in each instance, is part and parcel of the total personality (19).

Taking into consideration the variations in the time of ovulation, 'guesses' would not have resulted in such high correlations as we arrived at by analysis of the material, especially of dreams.

Soon after the publication of our preliminary reports, Altmann, Knowles, and Bull investigated the physical and mental aspects of the menstrual cycle in 55 cycles of ten 'healthy', mature college women (2). While the average for ovulation determined by electrical method was the 11·8th day of the cycle, they found that 'even for the same individual there was rarely a repetition of the spacing of ovulation in consecutive cycles, a variation from the 5th to the 16th day being no exception'. These authors found that ovulation was accompanied by elation and relaxed activity, while the premenstrual phase was characterized by tense activity, irritability, and also by depressed mood.

This investigation is cited here not only because it confirms our findings but because it gives us a welcome opportunity to point out the difference between the clinical method of observation and the psycho-analysis of the recorded material.

Sexual impulses, wishes, desires are, or can be, expressed overtly. Even if hidden in fantasies and dreams, they precipitate moods and feelings which are experienced. Frustration of sexual impulses causing tension, anger, etc., is recognizable by the observed and the observer. The intensity of affects can be 'rated' by the empathic response of the observer as Altmann and co-workers did. (Such are also the primary data of psycho-analytic investigation.) Although careful observation succeeds in isolating the superficial motivating factors and arriving at correlations with the particular phases of the ovarian cycle, the task of the psycho-analyst begins beyond this. He tends to discern the psychodynamic processes which are not accessible to experience, which through the processes of physiological maturation and psychological development have become incorporated in the structural and drive organization of the individual. Psycho-analysis discovered the 'repressed', those instinctual tendencies which were and remained unconscious or had become so during the developmental processes. We are so accustomed to searching for the repressed sexual tendencies and their vicissitudes that we often forget that we arrive at them from the currently experienceable phenomena of sexuality. Actual

wishes, longings, desires, urges, and impulses, their current suspense and frustration and/or release and gratification, mobilize the drive energy which recharges the channels of repressed affects and impulses (and their related mental representations and symbolic elaborations) and thus reanimate the past to become incorporated again as an integral (and modifying) part of the present experience. Applying this concept consistently to the analysis of the psycho-analytic records, we followed the ebb and flow of emotions; we accounted for the individual variations of motivations and expressions as well as for the influences of currently changing life situations. (The psycho-analytic process itself also is a significant part of this.) Thus we drew conclusions about the dominant psychodynamic tendencies which motivated the current emotional attitude and behaviour. From this we inferred the gonadal, hormonal stimulation. We assumed that this is what accounts for the woman's *preparedness* for a particular response at a given phase of her cycle.⁶

It is not possible to give a complete account of the application of psycho-analytic technique in this research. Here, therefore, only the main propositions will be reviewed.

(i) First, the genetic, structural, and psycho-economic integration of the personality is established. Such longitudinal analysis goes along as one studies the record, just as in the actual analytic process the analyst's understanding deepens and branches out to encompass what is newly learned. It is assumed that the organization of the personality is a permanent system, even if this is true only in a limited sense.

(ii) Analysing the day-by-day variations of emotions we interpret the fluctuations of the psychic equilibrium which shifts continually under the influence of internal needs and external demands.

Among the variety of behavioural and psychological manifestations which gave access to such interpretations, dreams proved to be the reliable 'objective material' of psycho-analysis. The detailed analysis of dreams was utilized to gauge the qualitative and quantitative shifts in the sexual drive during the dream process. The dependability of the dream interpretation can be explained by the consistency of our search. However complex the dream elaboration might have been, the interpretation had to answer the following questions: What manifestations of the sexual drive can be recognized in the dream?

⁶ An attempt to present this was made in Chapters IV and V (Benedek (4)).

What is the motivational origin of the dreaming ego's conflict in regard to the sexual impulse? What is the process leading to the dream solution? Each dream thought is a step toward the dream solution, often motivated by shifts in the manifestations of the sexual drive. For example, often a forbidden genital tendency is resolved by an acceptable (usually not recognizable) substitute motivated by a pregenital tendency. At other times, dreams build up step by step toward a genital tendency which might provoke anxiety as a defence or might break through accompanied by pleasurable or painful emotions. The 'feeling tone' of the dream, the affects and emotions experienced by the dreaming ego, as well as the emotional response of the waking personality to the dream experience, afforded primary data for our investigations.

(iii) In the centre of our investigation is the 'mental event' (23) of the affective experience. In analysing the function of the affective experience in a given psycho-economic constellation we interpret (at least) two levels of data: one is the affect, and the other is the ego's function which in response to the affect integrates the psychic processes through which psychic equilibrium is reestablished. This may result in manifest behaviour and/or in further elaboration of psychic processes.

How do we derive from such complex mental processes our secondary data, to be compared with the data from physiological estimates of the gonadal hormone state?

There are massive shifts in the psycho-economic equilibrium, such as the sense of frustration and anger, reactive to need tension; emotions such as contentment, pleasure, joy and elation are responses to release and gratification; others like sadness and grief are responses to loss. These phenomena and many others can be considered expressions of the total personality to need and gratification; they express unmistakably psychic pain or pleasure in various colouring and intensity. They are directly accessible to empathy; they can be analysed from the point of view of the participating ego, but they do not permit further reduction in regard to the motivating instinctual energies (not within the frame of the first instinct theory).⁷ In our investigation we interpreted these phenomena of reactive affects in relation to the psychodynamic processes which activated them.

The quality of an affective experience cannot

be further defined—we simply feel it. The sexual quality of an experience, even in its distortions and defensive elaborations, is easily recognizable to the observer as well as to the observed. Hostility in all its disguises gives an unmistakable (negative) feeling tone. Love and hate, however, are complex emotions. Each of them, when it appears as a current phenomenon, brings with it a long history of the developmental experiences of the past which, at least partially, can be recognized in the current emotions. Regarding loving and hating, psycho-analysis has established that individual experiences of these emotions, from infancy on, interact with the ego and supply the genetic and structural motivations for the ego's propensity to a particular emotional response. Thus in the analysis of an affective experience, we confront the psychodynamic factors which presently precipitate the affect with the genetic motivations of the response; the latter is considered again from the point of view of the affect and of the ego since affects, in the course of development, become an organized part of the personality. This can be easily illustrated in such complex affects as envy, jealousy, generosity, miserliness, ambition, indolence, etc. The whole gamut of human emotions which originate in an instinctual drive during the development of an individual may become a structuralized part of personality. For example, envy; almost by empathy one knows that envy is such an intensification of the wish to receive and own that it includes hostility toward the person who has what one wants. Envy can be traced back to the infant's lack of security that hunger will be followed by satiation. It is often renewed, for example, by a threat of losing love, by sibling rivalry. The greed and envy of the child is an anxious, tense affect; its immediacy, however, diminishes step by step as envy becomes integrated as a character trend with a specific function in the personality. Generosity, the ability to give freely, originates also in the oral give-and-take of infancy; associated with positive object relationships, its repetition as affective experience indicates a different level of personality (and, relating to our investigation, also hormonal) integration, from that of envy. The anxious wish to retain—the affect content of miserliness—is assumed to originate in the anal retentive wishes of childhood. These examples suffice to illustrate that *each complex affect can be analysed in regard to (a) the psychodynamic*

⁷ Psycho-analytic phenomenology attempts to formulate the metapsychology of such phenomena from the point of view of neutralization of psychic energies, i.e. in the frame of the second instinct theory.

tendencies which constitute it; (b) its genetic motivation; and (c) its function in the total personality.

(iv) In the detailed analysis of psychodynamic processes, Alexander's vector concept proved to be a dependable tool of psycho-analytic research. Alexander's hypothesis states that emotions deprived of their ideational content are expressions of one or more of the fundamental directions that characterize biological processes (1). The vector qualities of 'intaking', 'retaining', and 'eliminating' represent directions related to physiological processes. On their orderly sequence life depends. Through them the energies are produced which supply internal stimulation and maintain the dynamic stability of the organism. Alexander characterized the known developmental phases not in terms of the erotogenic zones, but by the direction of the psychodynamic tendency corresponding to the function of the dominant zone at various levels of development. Thus the oral phase is characterized by receptive, the anal phase by retentive, the urethral (phallic) phase by eliminative tendencies. In the organization of genital sexuality, the three vector qualities—the receptive, retentive, and eliminative tendencies—achieve functional balance. Thus the vector concept permits further breakdown of the sexual drive into its components, each of which can be defined, like the drive itself, by its direction, aim, and object. Since the psychodynamic tendencies are simpler constructs than the sexual drive, they can be applied to the analysis of any affect or to any manifestation of shifts in excitation. By analysing affects as manifestations of one or more psychodynamic tendencies, we can discern the changing level of the integration of the sexual drive.

Besides this, however, we have to take into account the impetus of the drive, the intensity of the psychodynamic tendency. It is obvious that there are periods when the envious person is not so bothered by envy; when the bountiful appears not to care so much. The quantitative aspects of drives (and psychodynamic tendencies) are communicated to oneself by insight and to the observer by empathic understanding. Observing the daily fluctuations of affective experiences as they are revealed in the psycho-analytic material, we get the impression

that the developmental conflicts which we usually refer to the unconscious carry different amounts of psychic energy, cathexis, at different times. Sometimes conflicts are remote from consciousness; at other times they strive for discharge. In sexually mature adults, sexual stimulation is usually expressed in direct desire, impulse, and behaviour; while in young individuals or when gratification is impossible, sexual stimulation is usually expressed in the reactivation of the developmental conflicts. The reawakening of the developmental conflict increases psychic tension and at the same time affords a greater variety of expression for the psychic tension. Since every impulse which has a drive towards fulfilment also has the power to call forth the defensive and controlling functions of the ego, the interpretation of the impetus, of the quantitative aspect of the drive, often has to be based on the manifestations of the ego's defences against the psychodynamic tendency. In interpreting the intensity of the emotion, or of the drive, we equate the psychic tension created by the defence reaction with the impulse which is warded off by the ego's defence. (For example, when the heterosexual impulse is importunate, the ego reacts with anxiety and hostility.) The quantitative factors involved in these processes are more easily accessible to one's empathic evaluation if the sexual tendency is active, object-directed, i.e. during the oestrogen and premenstrual phase of the cycle, than during the progesterone phase. Passive receptive needs, the need for withdrawal and concentration on the own body—the concomitants of the post-ovulative progesterone phase—seldom have a driving quality. So the wish for pregnancy and motherhood and the anxious defences against these wishes are often symbolic and indirect, which makes empathic, quantitative evaluation difficult. Yet, even in this regard, dream analysis was a dependable guide.

No matter how remarkable, it is well established that the psychic apparatus registers the physiological changes of an organ in dreams. It seems that an organ which has a normal or a pathologic state of tumescence may activate the psychic representation of the organ in sleep even if it does not in the waking state.⁸ The female genitals, especially the uterus, go through a period of physiological growth during ovulative

⁸ Freud pointed out (1917) (21) that inflammatory or other pathological organic processes may be perceived unconsciously and that they appear in dreams before the symptoms are sufficiently acute to attract attention. Ferenczi's concept of pathoneuroses (16) deals with the

psychodynamic reactions to such perceptions. French (1937) (18) generalized from another viewpoint, stating that there is a physiological excitation perceptible to the dreaming ego in those organs which are symbolically represented in the dream.

and post-ovulative phases. The increased physiological activity of the organs, although not conscious, is perceptible to the sleeping ego, and the awareness of the womb expresses itself in a symbolic manner. The more intense the feeling tone connected with the symbolism appeared, the safer we felt in estimating a high level of progesterone in the post-ovulative phase. These are but a few examples of the manifestations of changes in the sexual drive from which we predicted the qualitative and relatively quantitative changes in the gonadal hormones. Although for detailed evaluation of the correlated data we refer to previous publications, a summary of the course of the gonadal cycle and the corresponding emotional cycle is necessary here as basis for our further discussion.

II

The gonadal cycle begins, often during menstruation or soon after the flow ceases, with the ripening of the follicle which produces *oestrogenic hormones*. Corresponding with this stimulation, an active object-directed, psychodynamic tendency characterizes the sexual drive and brings forth wishes, fantasies, and desires of various intensity and from different levels of maturation. The aim of the unconscious motivating tendency is to bring about contact with the sexual object and achieve gratification through coitus. When progesterone production comes into effect, beginning in the preovulative state, the active, outwardly-directed tendency fuses with a *passive receptive tendency*. Parallel with the peak of the cycle at the time of ovulation the sexual drive reaches its highest level of integration. While the emotional manifestations of this state may vary depending upon the individual's chronological and emotional maturity, and also upon her external situation, analysis reveals that *corresponding with high hormone production an integration of the basic psychodynamic tendencies occurs*. The effect of the fusion of the passive receptive tendency with the dominant heterosexual tendency is recognizable in the emotional manifestation of the ovulative phase, which thus can be characterized as 'heat', the peak of the woman's sexual cycle.

Boas (10) doubts this finding and considers it teleological. He found statistically the peak of libido at the post-menstrual phase and this he relates to exogenous, social-psychological factors. Boas seems to confine the term 'libido' to the overt manifestations of sexual desire, and does not consider it an integrating psychic

energy having complex emotional manifestations which are not always recognizable as sexual in manifest behaviour.

After ovulation and relief of preovulative tension, manifestations of the receptive and retentive tendencies dominate the emotional life during the progesterone phase of the cycle. This is a high hormone phase, since both hormones, oestrogen and progesterone, are produced. Yet the active heterosexual tendency appears masked, overshadowed by manifestations of passive-receptive and retentive tendencies. The content of the psychological material can be best described as emotional preparation for motherhood. This evolves parallel with the effects of the corpus luteum hormone upon the uterus which prepares for nidation of the impregnated ovum.

If conception does not occur, the corpus luteum, which attains its maximum functional capacity, begins to degenerate about a week after ovulation. With the diminishing progesterone production, which in the late phase of the cycle inhibits oestrogen production, the total hormone level declines. Parallel with the low hormone level a regression of the psychosexual integration seems to take place; pregenital manifestations of urethral, anal, and genital eliminative tendencies motivate the psychodynamic trends. This regression and the increased general irritability of the sympathetic nervous system are manifestations of the 'moderate degree of ovarian deficiency' of the 'premenstrual phase' (26), which is one significant factor in the premenstrual 'recurrent neuroses' of women (11). Important as these manifestations may be for the clinician, they are significant for us only in that *parallel with the low hormone production, the sexual drive, which was integrated toward the mature reproductive goal during the high hormone production, is regressed*. Not only is it broken up into its component parts, but each of these tendencies appears to motivate 'pregenital' emotional patterns which were characteristic for the individual during her pregenital and prepubertal development.

The end of the sexual cycle is brought about by hormone withdrawal, which ushers in the menstrual flow. Soon after the flow is established, the tense mood relaxes and after a few days the new follicle begins to ripen; the concomitant sexual stimulation suggests the beginning of a new cycle. It appears that the sexual drive repeats its developmental integration with each cycle. The emotional upheaval which accom-

panies the phasic integration and regression of the sexual drive, however, diminishes with the progress of physiological and emotional maturation. This indicates a developmental adaptation to the physiological and psychological tasks of the reproductive function.

Beneath all the complex and variable superstructure of human personality, one can detect the psychophysiological response to the hormonal stimulation which directs the sexual needs of woman toward her reproductive function. *The term 'sexual cycle', which implies the ovarian hormone cycle and its correlated drive organization, designates an innate pattern.*

The term 'innate' refers to self-differentiating patterns which come into being during the course of normal development. Since environment always plays a rôle in development, the term 'innate' seems not to do justice to the facts (15). George Engel in his discussion (14) of this paper recommended the term 'autonomous'. He considers this not only more precise, but also expedient, since the term is established in psychoanalysis to designate certain levels of ego organization and function. The advantage of this term is obvious in reference to the establishment of early self-differentiating patterns, such as sucking, eating, posture, walking, speech, etc. (25). It seems, however, to be confusing in relation to complex functions of adults such as the biological and psychological patterns of human reproduction.

The schematic presentation of the sexual cycle did not indicate the variations of the gonadal cycle; it did not call attention to the significance of the balance between oestrogen and progesterone production and the ensuing transactional sequence of the phases of the cycle. This, however, determines the length of the cycle, the time and duration of the menstrual flow, the course of the premenstrual phase, the existence of menstrual symptoms or the lack of them. While these variations of the gonadal cycle exert influence upon emotions, closer analysis of the personality development reveals that the particular gonadal hormone pattern may be the result of psychosexual development (4, ch. ix). Thus when reproductive maturity is attained, not only are the emotional patterns under control of high psychic organizations (superego) but also the physiological patterns are influenced by developmental processes. Neither could be considered 'autonomous' (in

the sense in which the term is used in psychoanalysis). Yet we feel safe in our assumption that the sexual cycle is an innate, self-differentiating pattern, the evolution of which can be traced through the interacting processes of physiological maturation and psychological development.

The effectiveness of the psycho-analytic, interpretive method in establishing correlations between the gonadal hormones and psychodynamic processes, even through the 'irregularities' of individual variations, offers supportive evidence for the psycho-analytic theories upon which the interpretations were based.

Instincts in man subserve adaptive behaviour. Freud (20) assumed that the individual, being completely dependent upon the external world in order to survive, regulates his adaptive processes according to the pleasure-pain principle. This fundamental regulator of psychic economy co-ordinates all functions toward the aim of survival. The instinct of survival is the primary organizer of psychic processes. At a time when the ego is weak and its energies are not yet differentiated in patterned defence mechanisms, if an external danger or internal conflict raises the psychic tension, the adaptation is achieved by a change in instinct. Unconscious are the processes by which primary instincts are repressed and/or change their object, aim, and direction. Psycho-analysis has revealed many examples of such changes in the 'partial' instincts, for example, the active, sadistic tendency having turned toward the self changes both its object and direction in masochism.⁹ The active tendency to derive pleasure from looking may be turned into the passive tendency to be looked at, etc. Thus what Freud referred to as 'vicissitudes of instincts' represents modifications of instincts resulting from specific needs in adaptation. The adaptability of instincts, however, is not unlimited. After having participated in such radical changes, their capacity for further change is reduced and the response pattern of instincts becomes more or less fixed. The primary pattern resulting from the adaptive changes of 'partial' instincts includes, according to our present concept, a corresponding organization of the ego. This, in turn, implies the introject of the object (objects) through whom the primary instinctual needs were gratified or frustrated. Thus, through primary adaptive processes the instincts participate in forming

⁹ Examples of such changes in the fixed instinctual patterns of animals have been reported by ethologists (33). See footnote 11.

patterns of response and discharge; they become primary ego structures; their further adaptability is limited and also motivated by their genetic history. The primary ego structures, through continual interaction with each other in response to the environment, enter further differentiations and syntheses which become characteristic for the individual and finally constitute his personality.

Personality, that relatively static system of highest organization of psychic energies, puts its stamp upon the transient fluctuations of the psychosexual equilibrium. On the personality, on its genetic and economic organization 'depends the ideational content of the affects and emotions, also the ego's ways and means of dealing with them; even more specifically on this depends the "quantity" of libido which is available to fill the channels upon the various phases of gonadal hormone stimulation' (6). This we recognize as drive. Drive represents that level of organization of psychic energies which is accessible to experience. Both the qualitative and the quantitative aspects of the drive can be subjectively distinguished and, in instances, referred to as 'somatic source' of stimulation. The sexual drive is a complex structure. It can be broken down to its component psychodynamic tendencies. This affords a method to determine the changes in the direction and aim of the sexual drive.

The consistent analysis of these three phases of motivational organization demonstrates that (a) the personality represents a system in which the psychic energies, which participate in developing and maintaining the system, are in continuous interaction with energies supplying its current functions. (b) The response to the ongoing process of gonadal hormone stimulation—the reproductive drive—is expressed according to the ontogenetically developed patterns of the personality. (c) Beyond this is the innate, self-differentiating pattern, expressed by the change in the direction of the sexual drive in correspondence with the phasic function of the ovaries.

III

Oestrogenic hormone is the hormone of preparation. Produced from childhood on, at the time of prepuberty its function is to stimulate the growth of secondary sex characteristics and the genital organs and to maintain the uterus in readiness for the changes that will continue to be imposed upon it by the corpus luteum after full maturity is achieved (12). In each sexual cycle

the individual's development towards heterosexual maturity is telescoped in the (preconscious) psychodynamic trends of the follicle-ripening phase. Since in the preovulatory phase oestrogen has already fused with the incipient progesterone, the sexual drive is enhanced and coloured by the receptive tendency; the developmental conflicts shift from the heterosexual to those which we find characteristic of the progesterone phase.

Ovulation is a unique physiological event, since it is accompanied by systemic reactions. Of the physiological signs of the systemic reactions, best known are the heightened basal body temperature and the change in bioelectrical potentials of the skin. On the psychological side, a sense of relaxation and well-being seems to flood the woman with libido. A shift of the woman's interest to her own body and its welfare are characteristic signs of ovulation. In terms of psychodynamics, with each ovulation introversion of the outwardly-directed sexual energy occurs. At the beginning this appears to motivate a narcissistic state and then mobilizes the innate patterns of passive-receptive and retentive tendencies which, under the stimulation of progesterone, gain in intensity during the active stage of the corpus luteum. Indeed, the question arises whether that which the psycho-analyst may term a 'narcissistic state' can characterize the phase of the cycle when the woman is most accessible to heterosexual intercourse. Yet this is the same in both sexes. The heightened libidinal state is felt as a satisfying state of one's own body. This is the prerequisite in the male for his assurance of vigour and in the woman that she is lovable and may let herself be loved, and also can give of herself and therefore may receive without fear.

It is the physiological characteristic of woman that her reproductive function requires an increase in metabolic processes. This is reflected in the intensification of receptive and retentive tendencies as a response to the need for fuel to supply energy for growth. While this readily explains the psychodynamic processes of pregnancy and lactation, it must make us stop to think regarding the 'need for fuel' at the time of ovulation and during the progesterone phase without conception. Indeed, the actual increase in metabolic need must be minimal, and yet the increase of basal body temperature, as well as the psychic responses to ovulation, indicate a vigorous reaction. This signifies that the gonadal hormones have set in motion an innate pattern, the repetition of phylogenetic experience. In

the presence of signal stimulation, especially at the beginning of each characteristic phase of the cycle, the central nervous system sets in motion the specific pattern of physiological and emotional responses. Even if they actually are not needed, they afford learning by repetition. While this statement refers to each phase of the cycle, it is ovulation which brings to mind the comparison with the 'Innate Releasing Mechanism' (I.R.M.) which the ethologists consider the integrating factor of reproductive behaviour in animals. Released automatically when the anatomical structure is ready, ovulation is the signal to which the psychic apparatus responds with a directional change of the drive energy, preparing to supply the psychodynamic correlates for the ensuing 'preparation for pregnancy'.¹⁰

Gonadal hormones are not directly responsible for the intensity of the drive nor for the organization of the sexual personality. Sex hormones are facilitating agents which, by changing threshold values, allow specific nervous mechanisms of sexual behaviour to be more readily stimulated (3).¹¹ The hormone stimulation activates, besides the symbol representation of the organ, the psychic representations of its functions.

The symbolic process by which the body image, both as a whole and in its parts, is represented consciously and unconsciously, is subserved by the central nervous system. The gonadal hormones through the central nervous system activate the body image. At the time of ovulation, the whole body image seems to be highly cathected along with the receptive organ, the vagina. But there is evidence that these processes do not depend entirely on hormonal activity and the state of the uterus. Analysis of women who had undergone hysterectomy after full functional maturity indicated that a cyclic representation of the cycle was maintained and they had uterus dreams. The significance of the central organization is even more impressively demonstrated in mature women who have undergone total extirpation. They may show a 'reflection' of the ovarian cycle in some cases for several years.

Whether the 'organic memory' supplies the stimulation or the wish to be healthy and fertile, it seems as if these processes have some similarity to phantom pain, producing phantom pleasure, wish fulfilment and sometimes pain, pelvic discomfort.

The integration of physiological (bodily) and mental processes can be most clearly observed during the progesterone phase of the cycle. The wish for pregnancy, the fear of it, or the hostile aggressive defence against it are characteristic of the psychodynamic material during the progesterone phase of the cycle. Acting through the central nervous mechanisms *progesterone* stimulates two receptor systems. One is obviously the uterus which under the influence of a relatively small amount of progesterone undergoes pregestational proliferation; the other is the 'psychic apparatus' which, parallel with the pregestational changes of the uterus, appears extremely perceptive to this otherwise dormant organ. While the drive quality of the heterosexual tendency—the oestrogenic effect—is easily recognized, the drive quality referable to the progesterone effect is not obvious. Yet the internal physiological processes excite the central intrapsychic representation of the uterus. Archaic symbolic representations of the uterus such as dreams of water and waves, protecting dwelling places and threatening hollows, are characteristic of an unconscious perception of the womb. Fliess (17), without considering the hormonal phase, relates such dreams to the woman's awareness of her womb.

Theories concerning drive discharge phenomena towards the inside of the body corresponding to physiological processes gain support by the phenomena (27) of the progesterone phase. Here we should refer also to the studies of J. Kestenberg (28) which deal with the origin of erotogeneity of the female sexual organs. These studies indicate that when the gonadal hormones set in motion the reproductive physiology, they co-ordinate already prepared organ sensibilities with prepared drive patterns.

¹⁰ The influence of central nervous stimulation on these processes is indicated in instances when particular sexual experience stimulates ovulation at a time when its physiological readiness cannot be expected, i.e. immediately before or after menstruation.

¹¹ These mechanisms have been well studied by ethologists in regard to mating and parental behaviour of animals. Psychoanalysts are especially interested in these experimental studies; they confirm the significance of ontogenic development, even for lower vertebrates. It is of great interest to psychoanalysts that ethologists describe sexual behaviour as an interaction between external stimuli (sign stimuli) and the 'internal releasing

mechanism' (I.R.M.) which functions when 'action-specific energy' is accumulated. The process of this accumulation of the species-specific sign stimulus, the species-specific behaviour pattern is released and, as Lorenz assumes, the 'action-specific energy is consumed'. This concept of 'discharge of energy', as well as the 'displacement behaviour' if the need is frustrated, allows for many analogies between psycho-analytic concepts of instincts and their vicissitudes during individual development in humans, and the development of 'species-specific behaviour pattern' during the evolution of a species in general (31).

The comparative study of the progesterone phases in several women through a number of cycles reveals the biological learning process under the stimulation of the corpus luteum hormone. Introduced by the introversion of psychic energies at the time of ovulation, the increased receptive and retentive tendencies mobilize the memory traces of the oral-dependent phase of development.

In previous publications (5) I have elaborated upon the reciprocal interactions between mother and infant, in the course of which the infant incorporates into his primary mental structures the memory traces of positive-satisfying and negative-frustrating experiences of the oral-dependent phase of development. When the infant integrates the memory traces of gratified needs with his developing confidence in his mother, he implants the confidence in his well-being, in his thriving, good self. In contrast, with the memory traces of frustrating experiences he introjects the frustrating mother as 'bad mother' and himself as crying and frustrated, as 'bad self'. Thus he inculcates into his psychic structure the core of ambivalence. These primary ego structures, confidence and the core of ambivalence, originating in the rudimentary emotional experiences of early infancy, are significant for the infant of either sex. They determine the child's further relationship with his mother and through it, to a great extent, his personality. A generation later these primary ego structures can be recognized as motivating factors in the parental attitudes of the individual.

Yet, in the biological depth of the organism, the experiences of the oral phase of development are stored for purposes differing as between girls and boys. The innate femaleness of the girl directs her development towards motherhood through step-by-step identification with her mother. The positive psychological balance of the early alimentary phase of development, which accounts for confidence, facilitates a relatively conflict-free process of identification with the mother. The incorporated reaction to frustration (ambivalence), however, complicates the development towards motherhood by charging the representations arising from mother identifications with hostile-dependent and aggressive tendencies. Each woman's development towards motherhood represents an interacting

process between these extreme polarities of psychic representations of the biological dependence on the mother. This is reflected in the wish for pregnancy or in the hostile aggressive defences against it, which characterize the emotions of the progesterone phase, especially in adolescents and in neurotic women.

The processes which, under the stimulation of progesterone, lead to a gradual resolution of the conflicts are unconscious. In the physiologically well defined, repetitive progesterone phase of the cycle are telescoped the oscillations of those processes by which the dominant tendency of childhood—the need to be fed and taken care of—is replaced by the adult woman's physiological and emotional ability to give, to succour, to be a mother. From the point of view of ego development, we may add that not independently of the physiological cycles but in interaction with them the ego matures to incorporate into the ego-ideal of the adult woman, as her most significant aspiration, the wish to be a mother.

From the viewpoint of the organization of the reproductive drive, *pregnancy* is associated with an immense intensification of the progesterone phase of the cycle. The enhanced hormonal and general metabolic processes go hand in hand with the emotional manifestations of receptive and retentive tendencies. These account for the 'primary narcissistic state' of the mother which is a well-spring of her motherliness.¹² The physiologic and psychologic processes of pregnancy speed up the intrapsychic processes which culminate in motherliness.

The drive organization which represents the psychodynamic correlates of pregnancy does not alone account for the psychology of pregnancy and motherhood. The object relationships which through the developmental processes became incorporated into the personality explain the specific meaning of the experience of pregnancy for each woman and give the particular colouring to the mother's relationship with each of her children.

The cyclic function of the ovaries brings about the repetition of the developmental conflicts and directs their 'working-over' (7) toward reproductive maturity. The special significance of the conflicts and identifications with the mother—relegated mainly to the progesterone phase—has been adequately emphasized. But identifica-

¹² Many women nowadays, unafraid of the hardship of childbearing, are proudly aware of and give conscious expression to these feelings, even if not with the sensitivity of the poet:

'Not the land, but her fullness was spread about her
Walking she felt: one never transcends
The greatness that she now felt.'
(Rilke: *Visitation of Mary*. Translated by E. and R. Fliess) (17).

tions originating in the heterosexual component of the sexual drive have hardly been mentioned. Freud, considering only one aspect of the sexual drive—the heterosexual tendency—considered pregnancy a fulfilment of the wish to incorporate and retain the penis, especially the penis of the father. In our present way of thinking, Freud's hypothesis implies the motivational significance of one specific introject which originates in the phallic phase of development. This hypothesis, however incomplete, has demonstrated in many instances the motivational power of infantile fantasies. There are many fantasies originating in infantile object relationships. One or the other has greater significance in the development of the personality. During pregnancy the individually significant object relationship may become reattached and influence the course of the pregnancy and also the mother's relationship to her child.

The foetus is a part of the mother's body. What aspect of the body image does the foetus represent? In some cases it may be the missing penis; in others it is the admired beauty, or the envied pregnancy, of the woman's own mother; most frequently the foetus is the token of the loved self. Normally the foetus is cathected with narcissistic libido. This, however, does not always mean pleasurable emotional sensations. There are many ambivalent, hostile manifestations of the feelings concentrated upon the self. Thus, the foetus can represent the 'bad, aggressive, devouring self', engendering fear of harbouring a 'monster'. Many women identify the foetus with faeces and relive during the pregnancy the ambivalent feelings and mysteries of the infantile sexual fantasy of the 'anal child'. There are many cases in which the anal or other regressive fantasies interfere with the pleasure of pregnancy. The mother's object relationship to her unborn child becomes ambivalent or strongly hostile when the fantasy which is projected on to the foetus is highly charged with ambivalence. The foetus, then, becomes the representation of a hated and/or feared person, and motherhood becomes an overwhelming menace.¹³

Besides the psychodynamic processes corresponding to the physiology of pregnancy, the ontogenic development of the personality determines what childbearing means to an individual woman. The self- and object-representations projected on to the child during pregnancy

determine what each child represents to the mother. This, in turn, will influence her motherliness and her relationship to the child.

When a mother takes the baby to her breast and the infant begins to exercise the sucking reflex, the mother acts in accordance with her mammalian instincts to feed. The infant's need to be fed and the mother's preparedness to feed represent the interacting motivations which maintain mother and child as a symbiotic unit during lactation.

The action of the pituitary hormone upon the integration of mothering behaviour has been well studied in animals. In the human female, with the exception of lactation proper, one is inclined to overlook the significance of direct, immediate hormonal stimulation on mothering behaviour. This neglect may be explained by the fact that motherliness in human beings is considered a very high ethical value. The development of motherliness in the human being is not a simple response to hormonal stimulation, brought about by pregnancy and the ensuing biological necessity of caring for the young. Motherliness, in mankind, develops through the cyclic repetition of hormonal stimulation which, interacting with other aspects of the personality, reaches functional maturity through a complex process of personality development. Yet there are mothers of many children who do not seem 'motherly', and other women who have never had children, unperturbed by the physiological and emotional stresses of motherhood, might demonstrate exquisite motherliness. In spite of the physiological processes which direct the female *Anlage* toward its completion, motherliness is the fruition of an innate quality of the personality.

In each phase of motherhood, or even in each act of mothering, we differentiate two levels of motivation as well as of action. One is dominated by the emotional manifestations of passive receptive tendencies and accompanies the processes through which the metabolic and emotional energy is stored to be used for the sake of the child. The other, more accessible to consciousness, motivates the active, giving, loving attitudes of motherliness. The balance between these two levels of motivation, the 'reconciliation' of their intrinsic conflict, accounts for the gratifications of normal motherhood (8).

Our discussion of the reproductive drive of

¹³ The anxiety and depression caused by such motivations may remain on the level of neurosis. In many instances, depending on the predisposition of the per-

sonality, the anxiety may activate a true psychosis, with hallucinations, paranoid defences, and schizophrenic reactions endangering the woman and her foetus (13).

woman has viewed the processes by which the drive, under co-ordinating hormonal stimulation, integrates in its organization the intrinsically interwoven processes of growth, maturation, and psychosexual development. The evolution of the ovarian cycle forces the emotional processes of adult women into regulated channels and shows how the pattern of the sexual cycle unfolds concomitantly with manifestations of those factors which determine the psychosexual development.

The analysis of the drive organization of motherhood and motherliness reveals the interaction between two types of cycles which are involved in the reproductive function. One is short; in women it evolves conspicuously from menstruation to menstruation. The other is long; its span is from the beginning of the individual's existence, from being conceived and born as a female, to the time when she conceives, gives birth, and cares for her offspring. The psychodynamic tendencies which motivate maternal behaviour originate in the alimentary symbiotic relationship which the mother-individual once experienced with her own mother. When in the course of the next generation she is the mother, her motherliness is motivated by the derivatives of the primary ego structures which she incorporated as an infant. Through her attitudes, she may convey them to her children, whether they become mothers or fathers of the next generation.

The long life cycle is reflected in the progesterone phase of the short cycle. Its monthly repetitions represent the processes by which the oral-receptive and anal-retentive phases, the pregenital-infantile levels of psychosexual organization, become transformed to motivate the genital reproductive maturity of woman. The teleological aim of the drive—to sustain the growth of the offspring—is affected by its ontogenic history. The psychodynamic tendencies which sustained survival and growth of the child by receiving, become organized toward the adult goal, that of giving and thus maintaining the offspring.

IV

At the beginning of this presentation it was pointed out that the male model of the reproductive organization does not explain the female

reproductive function. What then does the phasic, female drive organization teach us about man?

Since man's reproductive function depends upon a single act, the motivation of which is experienced as a compelling desire for orgasmic discharge, one might ask if there exists in man a primary, biological tendency towards becoming and being a father, a provider. Can we differentiate in man, as in woman, two goals of the reproductive drive?

In man as well as in woman, we can differentiate two arcs of the reproductive cycle. In the male the short cycle evolves without recognizable regularity, from one increase of compelling sexual urge to another.¹⁴ Yet in the psychodynamic tendencies which prepare for and accompany coitus we can find similarities. To highlight this, we may recall the 'narcissistic state' of the woman which signalizes the peak of sexual receptiveness about the time of ovulation. The enhanced libidinal state is felt as a satisfying state of one's body. In man, the height of sexual stimulation is accompanied by a libidinal narcissistic tension which involves his whole body. This is prerequisite for his sense of vigour, essential for performing with pleasure his active rôle in procreation. In contrast to woman's ovulative response, man's intensified libidinal state can be described as an extraverted narcissism channelized in active, object-directed behaviour which culminates in penetration and reaches its goal through orgasmic discharge. With the consummatory act the male's reproductive function—the short arc—is finished and relaxation follows.

The long arc of the reproductive cycle evolves from the time of being conceived as a male to the time when he attains sexual maturity and is able to fulfil his function in procreation. Propagation is a special manifestation of growth. The individual, after having achieved maturity, surpasses the growth of his own body by producing a new individual. Under conditions which impede the reproductive function, such as sterility of either of the marital partners or enforced separation such as occurs during war, man's instinct for survival becomes conscious and

¹⁴ Since the sexual apparatus of man is extremely susceptible to external and internal stimulation, it appears to be more under the influence of psychological mechanisms than under gonadal control—as if the semen, continuously produced and collected in its receptacles, is but waiting for stimulation to be released. A cyclical stimulation referable to the pattern of gonadal hormone function, possibly recognizable on careful examination, seems to be non-existent. There is an obvious variation of frequency

and intensity depending on virility and potency; there is great variation in preparatory actions and their fantasy-stimulated effectiveness. These, however, are determined in men, as in women, by individual development. In humans, individual psychosexual development determines the pattern of preparatory actions of the drive. Cyclic oscillation of the reproductive drive can be more easily recognized in men with marked bisexual Anlage.

accessible to study. Man's desire to survive, especially in the offspring of his own sex, is documented by rites and religions, by custom and socio-economic organization. There need be no doubt that the male reproductive drive has psychic representations of instinctual, biological origin.

The question is whether we can differentiate in the male that organization which, paralleling motherliness, directs the reproductive drive towards fatherliness. Is there a biological tendency towards being a protector, a provider, towards raising offspring? I would answer this affirmatively, on the assumption that there are two sources of fatherliness; one is the biological bisexuality and the other is the biological dependency on the mother.

Regarding the first part of this assumption zoologists give us encouragement. In the reproductive functions of non-mammalian vertebrates they have found striking examples of a different distribution of courtship, preparatory activities, and, especially surprising to us, of the caring for the young. In many instances the male takes over the care of the deposited ova and/or feeding of the young, as the instinctual organization of the species requires. Even in mammals there are examples of the male's participation in the care of the offspring. Nature seems to be able to reach deep into the bisexual propensities to meet the needs of adaptive processes in a species.

Our knowledge of man's bisexuality is, however, extremely limited. Investigations have been impeded by cultural denial. Thus far, hormone chemistry has helped us but little. Androgenic and oestrogenic hormones, even progesterone, are closely related compounds; they occur in both sexes; their function and relation to symptoms are not clarified either by laboratory experiments or in clinical, therapeutic attempts.¹⁵ Yet there seem to be hopeful signs that if reliable laboratory methods can be worked out, careful psycho-analytic studies may help to clarify the functions of 'normal bisexuality' in man, just as it helps toward understanding the pathological drive 'to be both sexes' (30).

The long-lasting dependence of the human

infant is a biological characteristic of the species. This accounts for the significance that the oral-dependent phase of development has for the personality organization of individuals of both sexes. Every man's earliest security as well as his orientation to his world has been learned through identifications with his mother during the oral phase of development. In the normal course of development in the male, the early emotional dependence upon and identification with the mother is surpassed step by step through a developmental identification with the father directed by the innate maleness of the boy. This results not only in sexual competition with the father but also in multiple identifications with the various rôles of the father as protector and provider. These secondary manifestations of maleness are in continual transaction with those primary psychic representations which were established as a result of the oral-dependent relationship with the mother.

The primary drive organization of the oral phase, the prerequisite and consequence of the metabolic needs which sustain growth, maturation, and lead to the differentiation of the reproductive function, is the origin of parental tendencies, of motherliness and fatherliness. It should then be emphasized, as is evident, that the primary drive organization of the oral phase has no sex differentiation; it is asexual. Yet its further differentiation toward the ego functions of fatherliness and motherliness can be regarded as bisexual and emphasize that bisexuality means 'sexual' only in a very limited area of its manifestations.¹⁶

Since physiological processes, tissue changes, are not involved in the functions of fatherliness, the drive organization which directs the passive receptive tendencies towards the active tendencies of feeding, protecting and providing is but diffusely anchored in the bisexual Anlage of the male. It reaches its goal by resolution of developmental conflicts—between male and female identifications and drive orientations—so that the adult male includes in his ego ideal his aspiration to complete his rôle in procreation by fatherliness.

¹⁵ Animal experiments demonstrate that 'infantile experiences' affect the neuromuscular mechanisms mediating sexual behaviour in small mammals of both sexes; that hormones influence mating behaviour as well as the reproductive potential (34). It is also demonstrated that infantile experiences affect the development of maternal instincts in small mammals (24). Psychobiological concepts elicited by psycho-analysis are becoming integrated with direct animal observations.

¹⁶ Clinical observations of men's responses to their wives' pregnancy and lactation often reveal intensification of the tendencies toward such functions. In two instances the frustration of such emotional needs (because of the innate lack of possibility of fulfilment) was responsible for triggering off diabetes mellitus. The same emotional need often motivates regressions which lead to duodenal ulcer; much more often the regression which floods the mental apparatus with female reproductive tendencies leads to serious mental disturbances.

The discussion has centred on the organization of the reproductive drive, to show that it is organized differently in the male and female to serve specific functions in procreation. We have also noted similarities in the psychodynamic trends of the function which has a reciprocal goal, namely, coitus. Another similarity of the drive organization originates in the human infant's experience of his biological dependence. This in its mature phase permits a limited alternation of the rôles between the sexes in raising offspring.

The effect of the long-lasting dependence of the human child is that the maturation of the sexual function and the development of the personality are intricately interwoven processes. From the point of view of personality development the goal of maturation is the same in both sexes. Men and women alike reach their psychosexual maturity through the reconciliation of the sexual drive with the superego. This means that man is able to achieve sexual gratification only within the limits of his conscience.

The investigation of the sexual cycle does not contradict this effect of the cultural inheritance of mankind. On the contrary, it demonstrates that when the gonadal hormone triggers off a particular response pattern for each phase of the cycle, not only the drive and its action pattern are activated. The drive also recharges the intrapsychic processes which, through the development of the individual, have become stored in his psychic structure, in his ego and superego. Thus, parallel with the on-going

physiological effect of the hormonal stimulation, the psychic apparatus has to select the adequate response, adequate meaning that which satisfies not only the physiological need, but also the internalized standards of the personality. This is true for both sexes. The gonadal hormones mobilize not only the drive but, along with it, the factors which inhibit the drive, postpone its gratification, negate its meaning and significance, and organize for its avoidance. It appears that the organizing and controlling functions of the ego and superego through the ontogenetic development of the individual become part and parcel of his physiological response pattern.

This expresses about man what Konrad Lorenz concludes regarding animals. He states, 'Behaviour patterns are not something which animals do or do not do, or do in different ways, but something which animals of a given species "have got" exactly in the same manner as they "have got" claws, or teeth, as a definite morphological structure' (31, pp. 32-33). It is more than an analogy to say that man, through his phylogenetic evolution, 'has got' a physiological organization on account of which he 'has got' to develop his ego, his consciousness and self-consciousness. Freud once referred to the superego as the most recent phylogenetic acquisition. And so it seems to be. As the superego develops with each individual, it participates in the organization of the sexual drive towards its mature function. It is the distinction of the species that in this process man may disguise the sexual drive, may distort its meaning and function.

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ON THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS

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Advances in our understanding of the therapeutic action of psycho-analysis should be based on deeper insight into the psycho-analytic process. By 'psycho-analytic process' I mean the significant interactions between patient and analyst which ultimately lead to structural changes in the patient's personality. Today, after more than fifty years of psycho-analytic investigation and practice, we are in a position to appreciate, if not to understand better, the role which interaction with environment plays in the formation, development, and continued integrity of the psychic apparatus. Psycho-analytic ego-psychology, based on a variety of investigations concerned with ego-development, has given us some tools to deal with the central problem of the relationship between the development of psychic structures and interaction with other psychic structures, and of the connexion between ego-formation and object-relations.

If 'structural changes in the patient's personality' means anything, it must mean that we assume that ego-development is resumed in the therapeutic process in psycho-analysis. And this resumption of ego-development is contingent on the relationship with a new object, the analyst. The nature and the effects of this new relationship are under discussion. It should be fruitful to attempt to correlate our understanding of the significance of object-relations for the formation and development of the psychic apparatus with the dynamics of the therapeutic process. A first approach to this task is made here.

Problems, however, of more or less established psycho-analytic theory and tradition concerning object-relations, the phenomenon of transference, the relations between instinctual drives and ego, as well as concerning the function of the analyst in the analytic situation, have to be dealt with. I, at any rate, found it unavoidable, for

clarification of my own thinking, to diverge repeatedly from the central theme so as to deal with such problems.

The paper, therefore, is anything but a systematic presentation of the subject-matter. The four parts of the paper intend to light up the scenery from different angles, in the hope that the central characters will be recognizable although they may scarcely speak themselves. A more systematic approach to the subject would also have to deal extensively with the pertinent literature, a task which I have found impossible to assume at this time.

Before I proceed, I wish to make it clear that this is *not* a paper on psycho-analytic technique. It does not attempt to suggest modifications or variations in technique. Psycho-analytic technique has changed since the beginning of psycho-analysis and is going to continue to change. A better understanding of the therapeutic action of psycho-analysis may lead to changes in technique, but anything such clarification may entail as far as technique is concerned will have to be worked out carefully and is not the topic of this paper.

I

While the fact of an object-relationship between patient and analyst is taken for granted, classical formulations concerning therapeutic action and concerning the role of the analyst in the analytic relationship do not reflect our present understanding of the dynamic organization of the psychic apparatus. I speak here of psychic apparatus and not merely of ego. I believe that modern psycho-analytic ego-psychology represents far more than an addition to the psycho-analytic theory of instinctual drives. In my opinion, it is the elaboration of a more comprehensive theory of the dynamic

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organization of the psychic apparatus, and psycho-analysis is in the process of integrating our knowledge of instinctual drives, gained during earlier stages of its history, into such a psychological theory. The impact psycho-analytic ego-psychology has on the development of psycho-analysis indicates that ego-psychology is not concerned with just another part of the psychic apparatus, but is giving a new dimension to the conception of the psychic apparatus as a whole. I shall come back to this point later on.

In an analysis, I believe, we have opportunities to observe and investigate primitive as well as more advanced interaction-processes, that is, interactions between patient and analyst which lead to or form steps in ego-integration and disintegration. Such interactions, which I shall call integrative (and disintegrative) experiences, occur many times but do not often as such become the focus of our attention and observation, and go unnoticed. Apart from the difficulty for the analyst of self-observation while in interaction with his patient, there seems to be a specific reason, stemming from theoretical bias, why such interactions not only go unnoticed but frequently are denied. The theoretical bias is the view of the psychic apparatus as a closed system. Thus the analyst is seen, not as a co-actor on the analytic stage on which the childhood development, culminating in the infantile neurosis, is restaged and reactivated in the development, crystallization and resolution of the transference neurosis, but as a reflecting mirror, albeit of the unconscious, and characterized by scrupulous neutrality.

This neutrality of the analyst appears to be required (i) in the interest of scientific objectivity, in order to keep the field of observation from being contaminated by the analyst's own emotional intrusions; and (ii) to guarantee a *tabula rasa* for the patient's transferences. While the latter reason is closely related to the general demand for scientific objectivity and avoidance of the interference of the personal equation, it has its specific relevance for the analytic procedure as such in so far as the analyst is supposed to function not only as an observer of certain processes, but as a mirror which actively reflects back to the patient the latter's conscious and particularly his unconscious processes through verbal communication. A specific aspect of this neutrality is that the analyst must avoid falling into the role of the environmental figure (or of his opposite) the relationship to whom the patient is transferring to the analyst. Instead of

falling into the assigned role, he must be objective and neutral enough to reflect back to the patient what roles the latter has assigned to the analyst and to himself in the transference situation. But such objectivity and neutrality now need to be understood more clearly as to their meaning in a therapeutic setting.

Let us take a fresh look at the analytic situation. Ego-development is a process of increasingly higher integration and differentiation of the psychic apparatus and does not stop at any given point except in neurosis and psychosis; even though it is true that there is normally a marked consolidation of ego-organization around the period of the Oedipus complex. Another consolidation normally takes place toward the end of adolescence, and further, often less marked and less visible, consolidations occur at various other life-stages. These later consolidations—and this is important—follow periods of relative ego-disorganization and reorganization, characterized by ego-regression. Erikson has described certain types of such periods of ego-regression with subsequent new consolidations as identity crises. An analysis can be characterized, from this standpoint, as a period or periods of induced ego-disorganization and reorganization. The promotion of the transference neurosis is the induction of such ego-disorganization and reorganization. Analysis is thus understood as an intervention designed to set ego-development in motion, be it from a point of relative arrest, or to promote what we conceive of as a healthier direction and/or comprehensiveness of such development. This is achieved by the promotion and utilization of (controlled) regression. This regression is one important aspect under which the transference neurosis can be understood. The transference neurosis, in the sense of reactivation of the childhood neurosis, is set in motion not simply by the technical skill of the analyst, but by the fact that the analyst makes himself available for the development of a new 'object-relationship' between the patient and the analyst. The patient tends to make this potentially new object-relationship into an old one. On the other hand, to the extent to which the patient develops a 'positive transference' (not in the sense of transference as resistance, but in the sense in which 'transference' carries the whole process of an analysis) he keeps this potentiality of a new object-relationship alive through all the various stages of resistance. The patient can dare to take the plunge into the regressive crisis of the trans-

ference neurosis which brings him face to face again with his childhood anxieties and conflicts, *if* he can hold on to the potentiality of a new object-relationship, represented by the analyst.

We know from analytic as well as from life experience that new spurts of self-development may be intimately connected with such 'regressive' rediscoveries of oneself as may occur through the establishment of new object-relationships, and this means: new discovery of 'objects'. I say new discovery of objects, and not discovery of new objects, because the essence of such new object-relationships is the opportunity they offer for rediscovery of the early paths of the development of object-relations, leading to a new way of relating to objects as well as of being and relating to oneself. This new discovery of oneself and of objects, this reorganization of ego and objects, is made possible by the encounter with a 'new object' which has to possess certain qualifications in order to promote the process. Such a new object-relationship for which the analyst holds himself available to the patient and to which the patient has to hold on throughout the analysis is one meaning of the term 'positive transference'.²

What is the neutrality of the analyst? I spoke of the encounter with a potentially new object, the analyst, which new object has to possess certain qualifications to be able to promote the process of ego-reorganization implicit in the transference neurosis. One of these qualifications is objectivity. This objectivity cannot mean the avoidance of being available to the patient as an object. The objectivity of the analyst has reference to the patient's transference distortions. Increasingly, through the objective analysis of them, the analyst becomes not only potentially but actually available as a new object, by eliminating step by step impediments, represented by these transferences, to a new object-relationship. There is a tendency to consider the analyst's availability as an object merely as a device on his part to attract transferences onto himself. His availability is seen in terms of his being a screen or mirror onto which the patient projects his transferences, and which reflects them back to him in the form of interpretations. In this view, at the ideal termination point of the analysis no farther transference occurs, no projections are thrown on the mirror; the mirror, having nothing now to reflect, can be discarded.

This is only a half-truth. The analyst in actuality does not only reflect the transference

distortions. In his interpretations he implies aspects of undistorted reality which the patient begins to grasp step by step as transferences are interpreted. This undistorted reality is mediated to the patient by the analyst, mostly by the process of chiselling away the transference distortions, or, as Freud has beautifully put it, using an expression of Leonardo da Vinci, 'per via di levare' as in sculpturing, not 'per via di porre' as in painting. In sculpturing, the figure to be created comes into being by taking away from the material; in painting, by adding something to the canvas. In analysis, we bring out the true form by taking away the neurotic distortions. However, as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own. The patient, by revealing himself to the analyst, provides rudiments of such an image through all the distortions—an image which the analyst has to focus in his mind, thus holding it in safe keeping for the patient to whom it is mainly lost. It is this tenuous reciprocal tie which represents the germ of a new object-relationship.

The objectivity of the analyst in regard to the patient's transference distortions, his neutrality in this sense, should not be confused with the 'neutral' attitude of the pure scientist towards his subject of study. Nevertheless, the relationship between a scientific observer and his subject of study has been taken as the model for the analytic relationship, with the following deviations: the subject, under the specific conditions of the analytic experiment, directs his activities towards the observer, and the observer communicates his findings directly to the subject with the goal of modifying the findings. These deviations from the model, however, change the whole structure of the relationship to the extent that the model is not representative and useful but, indeed, misleading. As the subject directs his activities towards the analyst, the latter is not integrated by the subject as an observer; as the observer communicates his findings to the patient, the latter is no longer integrated by the 'observer' as a subject of study.

While the relationship between analyst and patient does not possess the structure, scientist—scientific subject, and is not characterized by neutrality in that sense on the part of the analyst, the analyst may become a scientific observer to the extent to which he is able to observe objectively the patient and himself in interaction. The interaction itself, however, cannot be adequately

² A discussion of the concept of transference will be found in the fourth part of this paper.

represented by the model of scientific neutrality. It is unscientific, based on faulty observation, to use this model. The confusion about the issue of countertransference has to do with this. It hardly needs to be pointed out that such a view in no way denies or minimizes the role scientific knowledge, understanding, and methodology play in the analytic process; nor does it have anything to do with advocating an emotionally-charged attitude toward the patient or 'role-taking'. What I am attempting to do is to disentangle the justified and necessary requirement of objectivity and neutrality from a model of neutrality which has its origin in propositions which I believe to be untenable.

One of these is that therapeutic analysis is an objective scientific research method, of a special nature to be sure, but falling within the general category of science as an objective, detached study of natural phenomena, their genesis and interrelations. The ideal image of the analyst is that of a detached scientist. The research method and the investigative procedure *in themselves*, carried out by this scientist, are said to be therapeutic. It is not self-explanatory why a research project should have a therapeutic effect on the subject of study. The therapeutic effect appears to have something to do with the requirement, in analysis, that the subject, the patient himself, gradually become an associate, as it were, in the research work, that he himself become increasingly engaged in the 'scientific project' which is, of course, directed at himself. We speak of the patient's observing ego on which we need to be able to rely to a certain extent, which we attempt to strengthen and with which we ally ourselves. We encounter and make use of, in other words, what is known under the general title: identification. The patient and the analyst identify to an increasing degree, if the analysis proceeds, in their ego-activity of scientifically guided self-scrutiny.

If the possibility and gradual development of such identification is, as is always claimed, a necessary requirement for a successful analysis, this introduces then and there a factor which has nothing to do with scientific detachment and the neutrality of a mirror.³ This identification does have to do with the development of a new object-relationship of which I spoke earlier. In fact, it is the foundation for it.

The transference neurosis takes place in the influential presence of the analyst and, as the analysis progresses, more and more 'in the presence' and under the eyes of the patient's observing ego. The scrutiny, carried out by the analyst and by the patient, is an organizing, 'synthetic' ego-activity. The development of an ego function is dependent on interaction. Neither the self-scrutiny, nor the freer, healthier development of the psychic apparatus whose resumption is contingent upon such scrutiny, take place in the vacuum of scientific laboratory conditions. They take place in the presence of a favourable environment, by interaction with it. One could say that in the analytic process this environmental element, as happens in the original development, becomes increasingly internalized as what we call the observing ego of the patient.

There is another aspect to this issue. Involved in the insistence that the analytic activity is a strictly scientific one (not merely *using* scientific knowledge and methods) is the notion of the dignity of science. Scientific man is considered by Freud as the most advanced form of human development. The scientific stage of the development of man's conception of the universe has its counterpart in the individual's state of maturity, according to *Totem and Taboo*. Scientific self-understanding, to which the patient is helped, is in and by itself therapeutic, following this view, since it implies the movement towards a stage of human evolution not previously reached. The patient is led towards the maturity of scientific man who understands himself and external reality not in animistic or religious terms but in terms of objective science. There is little doubt that what we call the scientific exploration of the universe, including the self, may lead to greater mastery over it (within certain limits of which we are becoming painfully aware). The activity of mastering it, however, is not itself a scientific activity. If scientific objectivity is assumed to be the most mature stage of man's understanding of the universe, indicating the highest degree of the individual's state of maturity, we may have a vested interest in viewing psycho-analytic therapy as a purely scientific activity and its effects as due to such scientific objectivity. Beyond the issue of a vested interest, I believe it to be necessary and timely to question the assumption, handed to us from the nineteenth

³ I am speaking here of 'mirror' in the naïve sense in which it has mostly been used to denote the 'properties' of the analyst as a 'scientific instrument'. A psychodynamic understanding of the mirror as it functions in

human life may well reestablish it as an appropriate description of at least certain aspects of the analyst's function.

century, that the scientific approach to the world and the self represents a higher and more mature evolutionary stage of man than the religious way of life. But I cannot pursue this question here.

I have said that the analyst, through the objective interpretation of transference distortions, increasingly becomes available to the patient as a new object. And this not primarily in the sense of an object not previously met, but the newness consists in the patient's rediscovery of the early paths of the development of object-relations leading to a new way of relating to objects and of being oneself. Through all the transference distortions the patient reveals rudiments at least of that core (of himself and 'objects') which has been distorted. It is this core, rudimentary and vague as it may be, to which the analyst has reference when he interprets transferences and defences, and not some abstract concept of reality or normality, if he is to reach the patient. If the analyst keeps his central focus on this emerging core he avoids moulding the patient in the analyst's own image or imposing on the patient his own concept of what the patient should become. It requires an objectivity and neutrality the essence of which is love and respect for the individual and for individual development. This love and respect represent that counterpart in 'reality', in interaction with which the organization and reorganization of ego and psychic apparatus take place.

The parent-child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating this vision to the child in his dealing with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being which the child presents to the parent. This 'more' that the parent sees and knows, he mediates to the child so that the child in identification with it can grow. The child, by internalizing aspects of the parent, also internalizes the parent's image of the child—an image which is mediated to the child in the thousand different ways of being handled, bodily and emotionally. Early identification as part of ego-development, built up through introjection of maternal aspects, includes introjection of the mother's image of the child. Part of what is introjected is the image of the child as seen, felt, smelled, heard, touched by the mother. It would perhaps be more correct to add that what happens

is not wholly a process of introjection, if introjection is used as a term for an intrapsychic activity. The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating with the child, and communicating to him his identity, sameness, unity, and individuality, shape and mould him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. The child begins to experience himself as a centred unit by being centred upon.

In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place. At this point I only want to indicate, by sketching these interactions during early development, the positive nature of the neutrality required, which includes the capacity for mature object-relations as manifested in the parent by his or her ability to follow and at the same time be ahead of the child's development.

Mature object-relations are not characterized by a sameness of relatedness but by an optimal range of relatedness and by the ability to relate to different objects according to their particular levels of maturity. In analysis, a mature object-relationship is maintained with a given patient if the analyst relates to the patient in tune with the shifting levels of development manifested by the patient at different times, but always from the viewpoint of potential growth, that is, from the viewpoint of the future. It seems to be the fear of moulding the patient in one's own image which has prevented analysts from coming to grips with the dimension of the future in analytic theory and practice, a strange omission considering the fact that growth and development are at the centre of all psycho-analytic concern. A fresh and deeper approach to the superego problem cannot be taken without facing this issue.

The patient, in order to attain structural changes in his ego-organization, needs the relatedness with a consistently mature object. This, of course, does not mean that during the course of the analysis the analyst is *experienced* by the patient always or most of the time as a mature object. In the analyst it requires the establishment and exercise of special 'skills' during the analytic hour, similar in structure to other professional skills (including the fact that

as a skill it is practised only during the professional work period) and related to the special, but not professionally articulated and concentrated attitudes of parents when dealing with their children.

I am trying to indicate that the activity of the analyst, and specifically his interpretations as well as the ways in which they are integrated by the patient, need to be considered and understood in terms of the psychodynamics of the ego. Such psychodynamics cannot be worked out without proper attention to the functionings of integrative processes in the ego-reality field, beginning with such processes as introjection, identification, projection (of which we know something), and progressing to their genetic derivatives, modifications, and transformations in later life-stages (of which we understand very little, except in so far as they are used for defensive purposes). The more intact the ego of the patient, the more of this integration taking place in the analytic process occurs without being noticed or at least without being considered and conceptualized as an essential element in the analytic process. 'Classical' analysis with 'classical' cases easily leaves unrecognized essential elements of the analytic process, not because they are not present but because they are as difficult to see in such cases as it was difficult to discover 'classical' psychodynamics in normal people. Cases with obvious ego defects magnify what also occurs in the typical analysis of the neuroses, just as in neurotics we see magnified the psychodynamics of human beings in general. This is not to say that there is no difference between the analysis of the classical psychoneuroses and of cases with obvious ego defects. In the latter, especially in borderline cases and psychoses, processes such as I tried to sketch in the child-parent relationship take place in the therapeutic situation on levels relatively close and similar to those of the early child-parent relationship. The further we move away from gross ego defect cases, the more do these integrative processes take place on higher levels of sublimation and by modes of communication which show much more complex stages of organization.

II

The elaboration of the structural point of view in psycho-analytic theory has brought about the danger of isolating the different structures of the psychic apparatus from one another. It may look nowadays as though the ego is a creature of and functioning in conjunction with external

reality, whereas the area of the instinctual drives, of the id, is as such unrelated to the external world. To use Freud's archeological simile, it is as though the functional relationship between the deeper strata of an excavation and *their* external environment were denied because these deeper strata are not in a functional relationship with the present-day environment; as though it were maintained that the architectural structures of deeper, earlier strata are due to purely 'internal' processes, in contrast to the functional interrelatedness between present architectural structures (higher, later strata) and the external environment that we see and live in. The id, however—in the archeological analogy being comparable to a deeper, earlier stratum—as such integrates with its correlative 'early' external environment as much as the ego integrates with the ego's more 'recent' external reality. The id deals with and is a creature of 'adaptation' just as much as the ego—but on a very different level of organization.

Earlier I referred to the conception of the psychic apparatus as a closed system and said that this view has a bearing on the traditional notion of the analyst's neutrality and of his function as a mirror. It is in this context that I now enter into a discussion of the concept of instinctual drives, particularly as regards their relation to objects, as formulated in psycho-analytic theory. I shall preface this discussion with a quotation from Freud which is taken from the introduction to his discussion of instincts in his paper 'Instincts and Their Vicissitudes'. He says: 'The true beginning of scientific activity consists . . . in describing phenomena and then in proceeding to group, classify and correlate them. *Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from somewhere or other but certainly not from the new observations alone.* Such ideas—which will later become the basic concepts of the science—are still more indispensable as the material is further worked over. They must at first necessarily possess some degree of indefiniteness; there can be no question of any clear delimitation of their content. So long as they remain in this condition, we come to an understanding about their meaning by making repeated references to the material of observation *from which they appear to have been derived, but upon which, in fact, they have been imposed.* Thus, strictly speaking, they are in the nature of conventions—although everything depends on their not being arbitrarily chosen



but determined by their having significant relations to the empirical material, relations that we seem to sense before we can clearly recognize and demonstrate them. It is only after more thorough investigation of the field of observation that we are able to formulate its basic scientific concepts with increased precision, and progressively so to modify them that they become serviceable and consistent over a wide area. Then, indeed, the time may have come to confine them in definitions. The advance of knowledge, however, does not tolerate any rigidity even in definitions. Physics furnishes an excellent illustration of the way in which even "basic concepts" that have been established in the form of definitions are constantly being altered in their content.' The concept of instinct (*Trieb*), Freud goes on to say, is such a basic concept, 'conventional but still somewhat obscure', and thus open to alterations in its content (3, pp. 117-18) (*italics mine*).

In this same paper, Freud defines instinct as a stimulus; a stimulus not arising in the outer world but 'from within the organism'. He adds that 'a better term for an instinctual stimulus is a "need"', and says that such 'stimuli are the signs of an internal world'. Freud lays explicit stress on one fundamental implication of his whole consideration of instincts here, namely that it implies the concept of purpose in the form of what he calls a biological postulate. This postulate 'runs as follows: the nervous system is an apparatus which has the function of getting rid of the stimuli that reach it, or of reducing them to the lowest possible level'. An instinct is a stimulus from within reaching the nervous system. Since an instinct is a stimulus arising within the organism and acting 'always as a constant force', it obliges 'the nervous system to renounce its ideal intention of keeping off stimuli' and compels it 'to undertake involved and interconnected activities by which the external world is so changed as to afford satisfaction to the internal source of stimulation' (3, pp. 118-20).

Instinct being an inner stimulus reaching the nervous apparatus, the object of an instinct is 'the thing in regard to which or through which the instinct is able to achieve its aim', this aim being satisfaction. The object of an instinct is further described as 'what is most variable about an instinct', 'not originally connected with it', and as becoming 'assigned to it only in consequence of being peculiarly fitted to make satisfaction possible' (3, p. 122). It is here that we see instinctual drives being conceived of as

'intrapsychic', or originally not related to objects.

In his later writings Freud gradually moves away from this position. Instincts are no longer defined as (inner) stimuli with which the nervous apparatus deals in accordance with the scheme of the reflex arc, but instinct, in *Beyond the Pleasure Principle*, is seen as 'an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces' (4, p. 36). Here he defines instinct in terms equivalent to the terms he used earlier in describing the function of the nervous apparatus itself, the nervous apparatus, the 'living entity', in its interchange with 'external disturbing forces'. Instinct is no longer an intrapsychic stimulus, but an expression of the function, the 'urge' of the nervous apparatus to deal with environment. The intimate and fundamental relationship of instincts, especially in so far as libido (sexual instincts, Eros) is concerned, with objects, is more clearly brought out in 'The Problem of Anxiety', until finally, in *An Outline of Psychoanalysis*, 'the aim of the first of these basic instincts [Eros] is to establish ever greater unities and to preserve them thus—in short, to bind together'. It is noteworthy that here not only the relatedness to objects is implicit; the aim of the instinct Eros is no longer formulated in terms of a contentless 'satisfaction', or satisfaction in the sense of abolishing stimuli, but the aim is clearly seen in terms of integration. It is: 'to bind together'. And while Freud feels that it is possible to apply his earlier formula, 'to the effect that instincts tend towards a return to an earlier [inanimate] state', to the destructive or death instinct, 'we are unable to apply the formula to Eros (the love instinct)' (5, p. 6).

The basic concept Instinct has thus indeed changed its content since Freud wrote 'Instincts and Their Vicissitudes'. In his later writings he does not take as his starting point and model the reflex-arc scheme of a self-contained, closed system, but bases his considerations on a much broader, more modern biological framework. And it should be clear from the last quotation that it is by no means the ego alone to which he assigns the function of synthesis, of binding together. Eros, one of the two basic instincts, is itself an integrating force. This is in accordance with his concept of primary narcissism as first formulated in 'On Narcissism, an Introduction', and further elaborated in his later writings, not-

ably in 'Civilization and Its Discontents', where objects, reality, far from being originally not connected with libido, are seen as becoming gradually differentiated from a primary narcissistic identity of 'inner' and 'outer' world (see my paper on 'Ego and Reality') (14).

In his conception of Eros, Freud moves away from an opposition between instinctual drives and ego, and toward a view according to which instinctual drives become moulded, channelled, focused, tamed, transformed, and sublimated in and by the ego organization, an organization which is more complex and at the same time more sharply elaborated and articulated than the drive-organization which we call the id. But the ego is an organization which continues, much more than it is in opposition to, the inherent tendencies of the drive-organization. The concept Eros encompasses in one term one of the two basic tendencies or 'purposes' of the psychic apparatus as manifested on both levels of organization.

In such a perspective, instinctual drives are as primarily related to 'objects', to the 'external world' as the ego is. The organization of this outer world, of these 'objects', corresponds to the level of drive-organization rather than of ego-organization. In other words, instinctual drives organize environment and are organized by it no less than is true for the ego and its reality. It is the mutuality of organization, in the sense of organizing each other, which constitutes the inextricable interrelatedness of 'inner and outer world'. It would be justified to speak of primary and secondary processes not only in reference to the psychic apparatus but also in reference to the outer world in so far as its psychological structure is concerned. The qualitative difference between the two levels of organization might terminologically be indicated by speaking of environment as correlative to drives, and of reality as correlative to ego. Instinctual drives can be seen as originally not connected with objects only in the sense that 'originally' the world is not organized by the primitive psychic apparatus in such a way that objects are differentiated. Out of an 'undifferentiated stage' emerge what have been termed part-objects or object-nuclei. A more appropriate term for such pre-stages of an object-world might be the noun 'shapes'; in the sense of configurations of an indeterminate degree and

a fluidity of organization, and without the connotation of object-fragments.

The preceding excursion into some problems of instinct-theory is intended to show that the issue of object-relations in psycho-analytic theory has suffered from a formulation of the instinct-concept according to which instincts, as inner stimuli, are contrasted with outer stimuli, both, although in different ways, affecting the psychic apparatus. Inner and outer stimuli, terms for inner and outer world on a certain level of abstraction, are thus conceived as originally unrelated or even opposed to each other but running parallel, as it were, in their relation to the nervous apparatus. And while, as we have seen, Freud in his general trend of thought and in many formulations moved away from this framework, psycho-analytic theory has remained under its sway except in the realm of ego-psychology. It is unfortunate that the development of ego-psychology had to take place in relative isolation from instinct-theory. It is true that our understanding of instinctual drives has also progressed. But the extremely fruitful concept of organization (the two aspects of which are integration and differentiation) has been insufficiently, if at all, applied to the understanding of instinctual drives, and instinct-theory has remained under the aegis of the antiquated stimulus-reflex-arc conceptual model—a mechanistic frame of reference far removed from modern psychological as well as biological thought. The scheme of the reflex-arc, as Freud says in 'Instincts and Their Vicissitudes' (p. 118), has been given to us by physiology. But this was the mechanistic physiology of the nineteenth century. Ego-psychology began its development in a quite different climate already, as is clear from Freud's biological reflections in *Beyond the Pleasure Principle*. Thus it has come about that the ego is seen as an organ of adaptation to and integration and differentiation with and of the outer world, whereas instinctual drives were left behind in the realm of stimulus-reflex physiology. This, and specifically the conception of instinct as an 'inner' stimulus impinging on the nervous apparatus, has affected the formulations concerning the role of 'objects' in libidinal development and, by extension, has vitiated the understanding of the object-relationship between patient and analyst in psycho-analytic treatment.⁴

⁴ It is obvious that the conception of instinct as an internal stimulus is connected with Freud's discovery of infantile sexuality as stimulating sexual phantasies which earlier he attributed purely to environmental seductive traumatization. It should be clear, however, that the

formulation of that problem in such alternatives as 'internal' phantasies versus 'environmental' seduction is itself open to the same questions and reconsiderations which we are discussing throughout this paper.

III

Returning to the discussion of the analytic situation and the therapeutic process in analysis, it will be useful to dwell further on the dynamics of interaction in early stages of development.

The mother recognizes and fulfils the need of the infant. Both recognition and fulfilment of a need are at first beyond the ability of the infant, not merely the fulfilment. The understanding recognition of the infant's need on the part of the mother represents a gathering together of as yet undifferentiated urges of the infant, urges which in the acts of recognition and fulfilment by the mother undergo a first organization into some directed drive. In a remarkable passage in the 'Project for a Scientific Psychology', in a chapter which has been called 'The Experience of Satisfaction' (6), Freud discusses this constellation in its consequences for the further organization of the psychic apparatus and in its significance as the origin of communication. Gradually, both recognition and satisfaction of the need come within the grasp of the growing infant itself. The processes by which this occurs are generally subsumed under the headings identification and introjection. Access to them has to be made available by the environment, here the mother, who performs this function in the acts of recognition and fulfilment of the need. These acts are not merely necessary for the physical survival of the infant but necessary at the same time for its psychological development in so far as they organize, in successive steps, the infant's relatively uncoordinated urges. The whole complex dynamic constellation is one of mutual responsiveness where nothing is introjected by the infant that is not brought to it by the mother, although brought by her often unconsciously. And a prerequisite for introjection and identification is the gathering mediation of structure and direction by the mother in her caring activities. As the mediating environment conveys structure and direction to the unfolding psychophysical entity, the environment begins to gain structure and direction in the experience of that entity; the environment begins to 'take shape' in the experience of the infant. It is now that identification and introjection as well as projection emerge as more defined processes of organization of the psychic apparatus and of environment.

We arrive at the following formulation: the organization of the psychic apparatus, beyond discernible potentialities at birth (comprising undifferentiated urges and *Anlagen* of ego-

facilities), proceeds by way of mediation of higher organization on the part of the environment to the infantile organism. In one and the same act—I am tempted to say, in the same breath and the same sucking of milk—drive direction and organization of environment into shapes or configurations begin, and they are continued into ego-organization and object-organization, by methods such as identification, introjection, projection. The higher organizational stage of the environment is indispensable for the development of the psychic apparatus and, in early stages, has to be brought to it actively. Without such a 'differential' between organism and environment no development takes place.

The patient, who comes to the analyst for help through increased self-understanding, is led to this self-understanding by the understanding he finds in the analyst. The analyst operates on various levels of understanding. Whether he verbalizes his understanding to the patient on the level of clarifications of conscious material, whether he indicates or reiterates his intent of understanding, restates the procedure to be followed, or whether he interprets unconscious, verbal or other, material, and especially if he interprets transference and resistance—the analyst structures and articulates, or works towards structuring and articulating, the material and the productions offered by the patient. If an interpretation of unconscious meaning is timely, the words by which this meaning is expressed are recognizable to the patient as expressions of what he experiences. They organize for him what was previously less organized and thus give him the 'distance' from himself which enables him to understand, to see, to put into words and to 'handle' what was previously not visible, understandable, speakable, tangible. A higher stage of organization, of both himself and his environment, is thus reached, by way of the organizing understanding which the analyst provides. The analyst functions as a representative of a higher stage of organization and mediates this to the patient, in so far as the analyst's understanding is attuned to what is, and the way in which it is, in need of organization.

I am speaking of what I have earlier called integrative experiences in analysis. These are experiences of interaction, comparable in their structure and significance to the early understanding between mother and child. The latter is a model, and as such always of limited value,

but a model whose usefulness has recently been stressed by a number of analysts (see for instance René Spitz (17)) and which in its full implications and in its perspective is a radical departure from the classical 'mirror model'.

Interactions in analysis take place on much higher levels of organization. Communication is carried on predominantly by way of language, an instrument of and for secondary processes. The satisfaction involved in the analytic interaction is a sublimated one, in increasing degree as the analysis progresses. Satisfaction now has to be understood, not in terms of abolition or reduction of stimulation leading back to a previous state of equilibrium, but in terms of absorbing and integrating 'stimuli', leading to higher levels of equilibrium. This, it is true, is often achieved by temporary regression to an earlier level, but this regression is 'in the service of the ego', that is, in the service of higher organization. Satisfaction, in this context, is a unifying experience due to the creation of an identity of experience in two 'systems', two psychic apparatuses of different levels of organization, thus containing the potential of growth. This identity is achieved by overcoming a differential. Properly speaking, there is no experience of satisfaction and no integrative experience where there is no differential to be overcome, where identity is simply 'given', that is existing rather than to be created by interaction. An approximate model of such existing identity is perhaps provided in the intra-uterine situation, and decreasingly in the early months of life in the symbiotic relationship of mother and infant.

Analytic interpretations represent, on higher levels of interaction, the mutual recognition involved in the creation of identity of experience in two individuals of different levels of ego-organization. Insight gained in such interaction is an integrative experience. The interpretation represents the recognition and understanding which makes available to the patient previously unconscious material. 'Making it available to the patient' means lifting it to the level of the preconscious system, of secondary processes, by the operation of certain types of secondary processes on the part of the analyst. Material, organized on or close to the level of drive-organization, of the primary process, and isolated from the preconscious system, is made available for organization on the level of the preconscious system by the analyst's interpreta-

tion, a secondary process operation which mediates to the patient secondary process organization. Whether this mediation is successful or not depends, among other things, on the organizing strength of the patient's ego attained through earlier steps in ego-integration, in previous phases of the analysis, and ultimately in his earlier life. To the extent to which such strength is lacking, analysis—organizing interaction by way of language communication—becomes less feasible.

An interpretation can be said to comprise two elements, inseparable from each other. The interpretation takes with the patient the step towards true regression, as against the neurotic compromise formation, thus clarifying for the patient his true regression-level which has been covered and made unrecognizable by defensive operations and structures. Secondly, by this very step it mediates to the patient the higher integrative level to be reached. The interpretation thus creates the possibility for freer interplay between the unconscious and preconscious systems, whereby the preconscious regains its originality and intensity, lost to the unconscious in the repression, and the unconscious regains access to and capacity for progression in the direction of higher organization. Put in terms of Freud's metapsychological language: the barrier between Ucs and Pcs, consisting of the archaic cathexis (repetition compulsion) of the unconscious and the warding-off anticathexis of the preconscious, is temporarily overcome. This process may be seen as the internalized version of the overcoming of a differential in the *interaction process* described above as integrative experience.⁵ Internalization itself is dependent on interaction and is made possible again in the analytic process. The analytic process then consists in certain integrative experiences between patient and analyst as the foundation for the internalized version of such experiences: reorganization of ego, 'structural change'.

The analyst in his interpretations reorganizes, reintegrates unconscious material for himself as well as for the patient, since he has to be attuned to the patient's unconscious, using, as we say, his own unconscious as a tool, in order to arrive at the organizing interpretation. The analyst has to move freely between the unconscious and the organization of it in thought and language, for and with the patient. If this is not so—a good example is most instances of the use of technical

⁵ For a further discussion of the inner connexions between the opening of barriers between Ucs and Pcs, and

the internalization of interaction, in their significance for the transference problem, see Part IV of this paper.

language—language is used as a defence against leading the unconscious material into ego-organization, and ego-activity is used as a defence against integration. It is the weakness of the 'strong' ego—strong in its defences—that it guides the psychic apparatus into excluding the unconscious (for instance by repression or isolation) rather than into lifting the unconscious to higher organization and, at the same time, holding it available for replenishing regression to it.

Language, when not defensively used, is employed by the patient for communication which attempts to reach the analyst on his presumed or actual level of maturity in order to achieve the integrative experience longed for. The analytic patient, while striving for improvement in terms of inner reorganization, is constantly tempted to seek improvement in terms of unsublimated satisfaction through interaction with the analyst on levels closer to the primary process, rather than in terms of internalization of integrative experience as it is achieved in the process which Freud has described as: where there was id there shall be ego. The analyst, in his communication through language, mediates higher organization of material hitherto less highly organized, to the patient. This can occur only if two conditions are fulfilled: (i) the patient, through a sufficiently strong 'positive transference' to the analyst, becomes again available for integrative work with himself and his world, as against defensive warding-off of psychic and external reality manifested in the analytic situation in resistance. (ii) The analyst must be in tune with the patient's productions, that is, he must be able to regress within himself to the level of organization on which the patient is stuck, and to help the patient, by the analysis of defence and resistance, to realize this regression. This realization is prevented by the compromise formations of the neurosis and is made possible by dissolving them into the components of a subjugated unconscious and a superimposed preconscious. By an interpretation, both the unconscious experience and a higher organizational level of that experience are made available to the patient: unconscious and preconscious are joined together in the act of interpretation. In a well-going analysis the patient increasingly becomes enabled to perform this joining himself.

Language, in its most specific function in analysis, as interpretation, is thus a creative act similar to that in poetry, where language is found for phenomena, contexts, connexions, experi-

ences not previously known and speakable. New phenomena and new experience are made available as a result of reorganization of material according to hitherto unknown principles, contexts, and connexions.

Ordinarily we operate with material organized on high levels of sublimation as 'given reality'. In an analysis the analyst has to retrace the organizational steps which have led to such a reality-level so that the organizing process becomes available to the patient. This is regression in the service of the ego, in the service of reorganization—a regression against which there is resistance in the analyst as well as in the patient. As an often necessary defence against the relatively unorganized power of the unconscious, we tend to automatize higher organizational levels and resist regression out of fear lest we may not find the way back to higher organization. The fear of reliving the past is fear of toppling off a plateau we have reached, and fear of that more chaotic past itself, not only in the sense of past content but more essentially of past, less stable stages of organization of experience, whose genuine reintegration requires psychic 'work'. Related to it is the fear of the future, pregnant with new integrative tasks and the risk of losing what had been secured. In analysis such fear of the future may be manifested in the patient's defensive clinging to regressed, but seemingly safe levels.

Once the patient is able to speak, non-defensively, from the true level of regression which he has been helped to reach by analysis of defences, he himself, by putting his experience into words, begins to use language creatively, that is, begins to create insight. The patient, by speaking to the analyst, attempts to reach the analyst as a representative of higher stages of ego-reality organization, and thus may be said to create insight for himself in the process of language-communication with the analyst as such a representative. Such communication on the part of the patient is possible if the analyst, by way of *his* communications, is revealing himself to the patient as a more mature person, as a person who can feel with the patient what the patient experiences and how he experiences it, and who understands it as something more than it has been for the patient. It is this something more, not necessarily more in content but more in organization and significance, that 'external reality', here represented and mediated by the analyst, has to offer to the individual and for which the individual is striving. The analyst, in

doing his part of the work, experiences the cathartic effect of 'regression in the service of the ego' and performs a piece of self-analysis or re-analysis (compare Lucia Tower) (18). Freud has remarked that his own self-analysis proceeded by way of analysing patients, and that this was necessary in order to gain the psychic distance required for any such work (6, p. 234).

The patient, being recognized by the analyst as something more than he is at present, can attempt to reach this something more by his communications to the analyst which may establish a new identity with reality. To varying degrees patients are striving for this integrative experience, through and despite their resistances. To varying degrees patients have given up this striving above the level of omnipotent, magical identification, and to that extent are less available for the analytic process. The therapist, depending on the mobility and potential strength of integrative mechanisms in the patient, has to be more or less explicit and 'primitive' in his ways of communicating to the patient his availability as a mature object and his own integrative processes. We call analysis that kind of organizing, restructuring interaction between patient and therapist which is predominantly performed on the level of language communication. It is likely that the development of language, as a means of meaningful and coherent communicating with 'objects', is related to the child's reaching, at least in a first approximation, the oedipal stage of psychosexual development. The inner connexions between the development of language, the formation of ego and of objects, and the oedipal phase of psychosexual development, are still to be explored. If such connexions exist, as I believe they do, then it is not mere arbitrariness to distinguish analysis proper from more primitive means of integrative interaction. To set up rigid boundary lines, however, is to ignore or deny the complexities of the development and of the dynamics of the psychic apparatus.

IV

In the concluding part of this paper I hope to shed further light on the theory of the therapeutic action of psycho-analysis by reexamining certain aspects of the concept and the phenomenon of transference. In contrast to trends in modern psycho-analytic thought to narrow the term transference down to a very specific limited meaning, an attempt will be made here to regain the original richness of interrelated phenomena and mental mechanisms which the concept

encompasses, and to contribute to the clarification of such interrelations.

When Freud speaks of transference neuroses in contradistinction to narcissistic neuroses, two meanings of the term transference are involved: (i) the transfer of libido, contained in the 'ego', to objects, in the transference neuroses, while in the narcissistic neuroses the libido remains in or is taken back into the 'ego', not 'transferred' to objects. Transference in this sense is virtually synonymous with object-cathexis. To quote from an important early paper on transference: 'The first loving and hating is a transference of autoerotic pleasant and unpleasant feelings on to the objects that evoke these feelings. The first "object-love" and the first "object-hate" are, so to speak, the primordial transferences. . . .' (1). (ii) The second meaning of transference, when distinguishing transference neuroses from narcissistic neuroses, is that of transfer of relations with infantile objects on to later objects, and especially to the analyst in the analytic situation.

This second meaning of the term is today the one most frequently referred to, to the exclusion of other meanings. I quote from two recent, representative papers on the subject of transference. Waelder, in his Geneva Congress paper, 'Introduction to the Discussion on Problems of Transference' (19) says: 'Transference may be said to be an attempt of the patient to revive and re-enact, in the analytic situation and in relation to the analyst, situations and phantasies of his childhood.' Hoffer, in his paper, presented at the same Congress, on 'Transference and Transference Neurosis' (12) states: 'The term "transference" refers to the generally agreed fact that people when entering into any form of object-relationship . . . transfer upon their objects those images which they encountered in the course of previous *infantile* experiences. . . . The term "transference", stressing an aspect of the influence our childhood has on our life as a whole, thus refers to those observations in which people in their contacts with objects, which may be real or imaginary, positive, negative, or ambivalent, "transfer" their *memories* of significant previous experiences and thus "*change the reality*" of their objects, invest them with qualities from the past. . . .'

The transference neuroses, thus, are characterized by the transfer of libido to external objects as against the attachment of the libido to the 'ego' in the narcissistic affections; and, secondly, by the transfer of libidinal cathexes

(and defences against them), originally related to infantile objects, on to contemporary objects.

Transference neurosis as distinguished from narcissistic neurosis is a nosological term. At the same time, the term 'transference neurosis' is used in a technical sense to designate the revival of the infantile neurosis in the analytic situation. In this sense of the term, the accent is on the second meaning of transference, since the revival of the infantile neurosis is due to the transfer of relations with infantile objects on to the contemporary object, the analyst. It is, however, only on the basis of transfer of libido to (external) objects in childhood that libidinal attachments to infantile objects can be transferred to contemporary objects. The first meaning of transference, therefore, is implicit in the technical concept of transference neurosis.

The narcissistic neuroses were thought to be inaccessible to psycho-analytic treatment because of the narcissistic libido cathexis. Psycho-analysis was considered to be feasible only where a 'transference relationship' with the analyst could be established; in that group of disorders, in other words, where emotional development had taken place to the point that transfer of libido to external objects had occurred to a significant degree. If today we consider schizophrenics capable of transference, we hold (i) that they do relate in some way to 'objects', i.e. to pre-stages of objects which are less 'objective' than oedipal objects (narcissistic and object libido, ego and objects are not yet clearly differentiated; this implies the concept of primary narcissism in its full sense). And we hold (ii) that schizophrenics transfer this early type of relatedness onto contemporary 'objects', which objects thus become less objective. If ego and objects are not clearly differentiated, if ego boundaries and object boundaries are not clearly established, the character of transference also is different, in as much as ego and objects are still largely merged; objects—'different objects'—are not yet clearly differentiated one from the other, and especially not early from contemporary ones. The transference is a much more primitive and 'massive' one. Thus, in regard to child-analysis, at any rate before the latency period, it has been questioned whether one can speak of transference in the sense in which adult neurotic patients manifest it. The conception of such a primitive form of transference is fundamentally different from the assumption of an unrelatedness of ego and objects as is implied in

the idea of a withdrawal of libido from objects into the ego.

The modification of our view on the narcissistic affections in this respect, based on clinical experience with schizophrenics and on deepened understanding of early ego-development, leads to a broadened conception of transference in the first-mentioned meaning of that term. To be more precise: transference in the sense of transfer of libido to objects is clarified genetically; it develops out of a primary lack of differentiation of ego and objects and thus may regress, as in schizophrenia, to such a pre-stage. Transference does not disappear in the narcissistic affections, by 'withdrawal of libido cathexes into the ego'; it undifferentiates in a regressive direction towards its origins in the ego-object identity of primary narcissism.

An apparently quite unrelated meaning of transference is found in Chapter 7 of *The Interpretation of Dreams*, in the context of a discussion of the importance of day residues in dreams. Since I believe this last meaning of transference to be fundamental for a deeper understanding of the phenomenon of transference, I shall quote the relevant passages. 'We learn from [the psychology of the neuroses] that an unconscious idea is as such quite incapable of entering the preconscious and that it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious, by transferring its intensity on to it and by getting itself "covered" by it. Here we have the fact of "transference" which provides an explanation of so many striking phenomena in the mental life of neurotics. The preconscious idea, which thus acquires an undeserved degree of intensity, may either be left unaltered by the transference, or it may have a modification forced upon it, derived from the content of the idea which effects the transference' (7, pp. 562–3). And later, again referring to day residues: '... the fact that recent elements occur with such regularity points to the existence of a need for transference.' 'It will be seen, then, that the day's residues . . . not only borrow something from the Ucs when they succeed in taking a share in the formation of the dream—namely the instinctual force which is at the disposal of the repressed wish—but that they also offer the unconscious something indispensable—namely the necessary point of attachment for a transference. If we wished to penetrate more deeply at this point into the processes of the mind, we should have to throw more light

upon the interplay of excitations between the preconscious and the unconscious—a subject towards which the study of the psychoneuroses draws us, but upon which, as it happens, dreams have no help to offer' (7, p. 564).⁶

One parallel between this meaning of transference and the one mentioned under (ii)—transfer of infantile object-cathexes to contemporary objects—emerges: the unconscious idea, transferring its intensity to a preconscious idea and getting itself 'covered' by it, corresponds to the infantile object-cathexis, whereas the preconscious idea corresponds to the contemporary object-relationship to which the infantile object-cathexis is transferred.

Transference is described in detail by Freud in the chapter on psychotherapy in *Studies on Hysteria*. It is seen there as due to the mechanism of 'false (wrong) connection'. Freud discusses this mechanism in Chapter 2 of *Studies on Hysteria* where he refers to a 'compulsion to associate' the unconscious complex with one that is conscious and reminds us that the mechanism of compulsive ideas in compulsion neurosis is of a similar nature (8, p. 69). In the paper on 'The Defence Neuro-Psychoses' (9) the 'false connection' is called upon to clarify the mechanism of obsessions and phobias. The 'false connection', of course, is also involved in the explanation of screen memories, where it is called displacement (10). The German term for screen memories, 'Deck-Erinnerungen', uses the same word 'decken', to cover, which is used in the above quotation from *The Interpretation of Dreams* where the unconscious idea gets itself 'covered' by the preconscious idea.

While these mechanisms involved in the 'interplay of excitations between the preconscious and the unconscious' have reference to the psychoneuroses and the dream and were discovered and described in those contexts, they are only the more or less pathological, magnified, or distorted versions of normal mechanisms. Similarly, the transfer of libido to objects and the transfer of infantile object-relations to contemporary ones are normal processes, seen in neurosis in pathological modifications and distortions.

The compulsion to associate the unconscious complex with one that is conscious is the same phenomenon as the need for transference in the

quotation from Chapter 7 of *The Interpretation of Dreams*. It has to do with the indestructibility of all mental acts which are truly unconscious. This indestructibility of unconscious mental acts is compared by Freud to the ghosts in the underworld of the Odyssey—'ghosts which awoke to new life as soon as they tasted blood' (7, p. 553n.), the blood of conscious-preconscious life, the life of 'contemporary' present-day objects. It is a short step from here to the view of transference as a manifestation of the repetition compulsion—a line of thought which we cannot pursue here.

The transference neurosis, in the technical sense of the establishment and resolution of it in the analytic process, is due to the blood of recognition which the patient's unconscious is given to taste—so that the old ghosts may re-awaken to life. Those who know ghosts tell us that they long to be released from their ghost-life and led to rest as ancestors. As ancestors they live forth in the present generation, while as ghosts they are compelled to haunt the present generation with their shadow-life. Transference is pathological in so far as the unconscious is a crowd of ghosts, and this is the beginning of the transference neurosis in analysis: ghosts of the unconscious, imprisoned by defences but haunting the patient in the dark of his defences and symptoms, are allowed to taste blood, are let loose. In the daylight of analysis the ghosts of the unconscious are laid and led to rest as ancestors whose power is taken over and transformed into the newer intensity of present life, of the secondary process and contemporary objects.

In the development of the psychic apparatus the secondary process, preconscious organization, is the manifestation and result of interaction between a more primitively organized psychic apparatus and the secondary process activity of the environment; through such interaction the unconscious gains higher organization. Such ego-development, arrested or distorted in neurosis, is resumed in analysis. The analyst helps to revive the repressed unconscious of the patient by his recognition of it; through interpretation of transference and resistance, through the recovery of memories and through reconstruction, the patient's unconscious activity is led into preconscious organization. The analyst, in the analytic situation, offers himself to the patient as

⁶ Charles Fisher (2) recently has drawn particular attention to this meaning of the term transference. His studies of unconscious-preconscious relationships, while specifically concerned with dream formation, imagery,

and perception, have relevance to the whole problem area of the formation of object-relations and the psychological constitution of reality.

a contemporary object. As such he revives the ghosts of the unconscious for the patient by fostering the transference neurosis which comes about in the same way in which the dream comes about: through the mutual attraction of unconscious and 'recent', 'day residue' elements. Dream interpretation and interpretation of transference have this function in common: they both attempt to re-establish the lost connexions, the buried interplay, between the unconscious and the preconscious.

Transferences studied in neurosis and analysed in therapeutic analysis are the diseased manifestations of the life of that indestructible unconscious whose 'attachments' to 'recent elements', by way of transformation of primary into secondary processes, constitute growth. There is no greater misunderstanding of the full meaning of transference than the one most clearly expressed in a formulation by Silverberg, but shared, I believe, by many analysts. Silverberg, in his paper on 'The Concept of Transference' (16), writes: 'The wide prevalence of the dynamism of transference among human beings is a mark of man's immaturity, and it may be expected in ages to come that, as man progressively matures . . . transference will gradually vanish from his psychic repertory.' But far from being, as Silverberg puts it, 'the enduring monument of man's profound rebellion against reality and his stubborn persistence in the ways of immaturity', transference is the 'dynamism' by which the instinctual life of man, the id, becomes ego and by which reality becomes integrated and maturity is achieved. Without such transference—of the intensity of the unconscious, of the infantile ways of experiencing life which has no language and little organization, but the indestructibility and power of the origins of life—to the preconscious and to present-day life and contemporary objects—without such transference, or to the extent to which such transference miscarries, human life becomes sterile and an empty shell. On the other hand, the unconscious needs present-day external reality (objects) and present-day psychic reality (the preconscious) for its own continuity, lest it be condemned to live the shadow-life of ghosts or to destroy life.

I have pointed out earlier that in the development of preconscious mental organization—and this is resumed in the analytic process—transformation of primary into secondary process activity is contingent upon a differential, a (libidinal) tension-system between primary and

secondary process organization, that is, between the infantile organism, its psychic apparatus, and the more structured environment: transference in the sense of an evolving relationship with 'objects'. This interaction is the basis for what I have called 'integrative experience'. The relationship is a mutual one—as is the interplay of excitations between unconscious and preconscious—since the environment not only has to make itself available and move in a regressive direction towards the more primitively organized psychic apparatus; the environment also needs the latter as an external representative of its own unconscious levels of organization with which communication is to be maintained. The analytic process, in the development and resolution of the transference neurosis, is a repetition—with essential modifications because taking place on another level—of such a libidinal tension-system between a more primitively and a more maturely organized psychic apparatus.

This differential, implicit in the integrative experience, we meet again, internalized, in the form of the tension-system constituting the interplay of excitations between the preconscious and the unconscious. We postulate thus internalization of an interaction-process, not simply internalization of 'objects', as an essential element in ego-development as well as in the resumption of it in analysis. The double aspect of transference, the fact that transference refers to the interaction between psychic apparatus and object-world as well as to the interplay between the unconscious and the preconscious within the psychic apparatus, thus becomes clarified. The opening up of barriers between unconscious and preconscious, as it occurs in any creative process, is then to be understood as an internalized integrative experience—and is in fact experienced as such.

The intensity of unconscious processes and experiences is transferred to preconscious-conscious experiences. Our present, current experiences have intensity and depth to the extent to which they are in communication (interplay) with the unconscious, infantile, experiences representing the indestructible matrix of all subsequent experiences. Freud, in 1897, was well aware of this. In a letter to Fliess he writes, after recounting experiences with his younger brother and his nephew between the ages of 1 and 2 years: 'My nephew and younger brother determined, not only the neurotic side of all my friendships, but also their depth' (6, p. 219).

The unconscious suffers under repression because its need for transference is inhibited. It finds an outlet in neurotic transferences, 'repetitions' which fail to achieve higher integration ('wrong connections'). The preconscious suffers no less from repression since it has no access to the unconscious intensities, the unconscious prototypical experiences which give current experiences their full meaning and emotional depth. In promoting the transference neurosis, we are promoting a regressive movement on the part of the preconscious (ego-regression) which is designed to bring the preconscious out of its defensive isolation from the unconscious and to allow the unconscious to re-cathect, in interaction with the analyst, preconscious ideas and experiences in such a way that higher organization of mental life can come about. The mediator of this interplay of transference is the analyst who, as a contemporary object, offers himself to the patient's unconscious as a necessary point of attachment for a transference. As a contemporary object, the analyst represents a psychic apparatus whose secondary process organization is stable and capable of controlled regression so that he is optimally in communication with both his own and the patient's unconscious, so as to serve as a reliable mediator and partner of communication, of transference between unconscious and preconscious, and thus of higher, interpenetrating organization of both.

The integration of ego and reality consists in, and the continued integrity of ego and reality depends on, transference of unconscious processes and 'contents' on to new experiences and objects of contemporary life. In pathological transferences the transformation of primary into secondary processes and the continued interplay between them has been replaced by superimpositions of secondary on primary processes, so that they exist side by side, isolated from each other. Freud has described this constellation in his paper on 'The Unconscious': 'Actually there is no lifting of the repression until the conscious idea, after the resistances have been overcome, has entered into connection with the unconscious memory-trace. It is only through the making conscious of the latter itself that success is achieved' (italics mine). In an analytic interpretation 'the identity of the information given to the patient with his repressed memory is only apparent. To have heard something and to have experienced something are in their psychological nature two different things, even though the content of both is the same' (11, pp. 175-6).

And later, in the same paper, Freud speaks of the thing-cathexes of objects in the Ucs, whereas the 'conscious presentation comprises the presentation of the thing [thing cathexis] plus the presentation of the word belonging to it' (11, p. 201). And further: 'The system Pcs comes about by this thing-presentation being hypercathected through being linked with the word-presentations corresponding to it. It is these hypercathexes, we may suppose, that bring about a higher psychical organization and make it possible for the primary process to be succeeded by the secondary process which is dominant in the Pcs. Now, too, we are in a position to state precisely what it is that repression denies to the rejected presentation in the transference neuroses: what it denies to the presentation is translation into words which shall remain attached to the object' (11, p. 202).

The correspondence of verbal ideas to concrete ideas, that is to thing-cathexes in the unconscious, is mediated to the developing infantile psychic apparatus by the adult environment. The hypercathexes which 'bring about a higher psychical organization', consisting in a linking up of unconscious memory traces with verbal ideas corresponding to them, are, in early ego-development, due to the organizing interaction between primary process activity of the infantile psychic apparatus and secondary process activity of the child's environment. The terms 'differential' and 'libidinal tension-system' which I used earlier designate energy-aspects of this interaction, sources of energy of such hypercathexes. Freud clearly approached the problem of interaction between psychic apparatuses of different levels of organization when he spoke of the linking up of concrete ideas in the unconscious with verbal ideas as constituting the hypercathexes which 'bring about a higher psychical organization'. For this 'linking up' is the same phenomenon as the mediation of higher organization, of preconscious mental activity, on the part of the child's environment, to the infantile psychic apparatus (compare Charles Rycroft (15)). Verbal ideas are representatives of preconscious activity, representatives of special importance because of the special role language plays in the higher development of the psychic apparatus, but they are, of course, not the only ones. Such linking up occurring in the interaction process becomes increasingly internalized as the interplay and communication between unconscious and preconscious within the psychic apparatus. The need for resumption of such

mediating interaction in analysis, so that new internalizations may become possible and internal interaction be reactivated, results from the pathological degree of isolation between unconscious and preconscious, or—to speak in terms of a later terminology—from the development of defence processes of such proportions that the ego, rather than maintaining or extending its organization of the realm of the unconscious, excludes more and more from its reach.

It should be apparent that a view of transference which stresses the need of the unconscious for transference, for a point of attachment for a transference in the preconscious, by which primary process is transformed into secondary process—implies the notion that psychic health has to do with an optimal, although by no means necessarily conscious, communication between unconscious and preconscious, between the infantile, archaic stages and structures of the psychic apparatus and its later stages and structures of organization. And further, that the unconscious is capable of change and, as Freud says, 'accessible to the impressions of life' (11, p. 190) and of the preconscious. Where repression is lifted and unconscious and preconscious are again in communication, infantile object and contemporary object may be united into one—a truly new object as both unconscious and preconscious are changed by their mutual communication. The object which helps to bring this about in therapy, the analyst, mediates this union—a new version of the way in which transformation of primary into secondary processes opened up in childhood, through mediation of higher organization by way of early object-relations.

A few words about transference and the so-called 'real relationship' between patient and analyst. It has been said repeatedly that one should distinguish transference (and counter-transference) between patient and analyst in the analytic situation from the 'realistic' relationship between the two. I fully agree. However, it is implied in such statements that the realistic relationship between patient and analyst has nothing to do with transference. I hope to have made the point in the present discussion that there is neither such a thing as reality nor a real relationship, without transference. Any 'real relationship' involves transfer of unconscious images to present-day objects. In fact, present-day objects are objects, and thus 'real', in the full sense of the word (which comprises the unity of unconscious memory traces and preconscious idea) only to the extent to which this transference,

in the sense of transformational interplay between unconscious and preconscious, is realized. The 'resolution of the transference' at the termination of an analysis means resolution of the transference neurosis, and thereby of the transference distortions. This includes the recognition of the limited nature of any human relationship and of the specific limitations of the patient-analyst relationship. But the new object-relationship with the analyst, which is gradually being built in the course of the analysis and constitutes the real relationship between patient and analyst, and which serves as a focal point for the establishment of healthier object-relations in the patient's 'real' life, is not devoid of transference in the sense clarified in this paper. I said earlier: '... to the extent to which the patient develops a "positive transference" (not in the sense of transference as resistance, but in the sense of that "transference" which carries the whole process of an analysis) he keeps this potentiality of a new object-relationship alive through all the various stages of resistance.' This meaning of positive transference tends to be discredited in modern analytic writing and teaching, although not in treatment itself.

Freud, like any man who does not sacrifice the complexity of life to the deceptive simplicity of rigid concepts, has said a good many contradictory things. He can be quoted in support of many different ideas. May I, at the end, quote him in support of mine?

He writes to Jung on 6 December, 1906: 'It would not have escaped you that our cures come about through attaching the libido reigning in the subconscious (transference). . . . Where this fails the patient will not make the effort or else does not listen when we translate his material to him. It is in essence a cure through love. Moreover it is transference that provides the strongest proof, the only unassailable one, for the relationship of neuroses to love' (13, p. 485). And he writes to Ferenczi, on 10 January, 1910: 'I will present you with some theory that has occurred to me while reading your analysis [referring to Ferenczi's self-analysis of a dream]. It seems to me that in our influencing of the sexual impulses we cannot achieve anything other than exchanges and displacements, never renunciation, relinquishment or the resolution of a complex (Strictly secret!). When someone brings out his infantile complexes he has saved a part of them (the affect) in a current form (transference). He has shed a skin and leaves it for the analyst. God forbid that he should now be naked, without a skin!' (13, p. 496).

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PSYCHO-ANALYTIC TECHNIQUE AND EGO MODIFICATIONS¹

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It is the rule rather than the exception that in dealing with character disorders, delinquencies, and schizophrenia, variations from standard analytic technique are considered necessary. My thesis, however, is that no basic alteration of technique in *kind* is required for the successful psycho-analysis of these disorders, and that such variations as appear necessary are, on closer inspection, variations in degree only; that is, they vary from technical measures now included in standard technique. By 'standard technique' I mean a method which exclusively employs interpretation in conjunction with the *kind of setting of limits* described by Freud (8, pp. 344-6). As Eissler (4) points out, questions asked for clarification probably belong within this standard technical framework. However, whether limit-setting procedures are variations from or part of standard psycho-analytic technique, an attempt should be made to formulate the psychodynamics of such procedures in psychodynamic terms. I realize, of course, that most analysts do not confine themselves to interpretation, and use other procedures. Nevertheless, the precise indications for limit-setting, and their specific psychodynamic effect upon the character structure of the patient, remain to be examined.

It must first be observed that patients, whatever their diagnostic category, approach psycho-analysis with different degrees of ability to fulfil the analytic contract. Thus, in all cases, behaviour appears which necessitates some degree of limit-setting by the analyst; this behaviour always represents a failure of the ego's executant function. In other words, divergences from the strict limits of the analytic contract represent a degree of ego-modification; this is due to ego-alien identifications with important figures from the past (people with pathological characteristics) who have intruded destructively into the ego-activity of the patient. Such identification results in long-standing

modifications of the ego, which manifest themselves in two ways: (i) by various degrees of inability to perceive the healthy limits of their own and others' activity; and (ii) by intruding into other people's ego-activity as well as allowing intrusion into their own.

Faced with such behaviour, the analyst must set limits in order to keep to his professional boundaries in the analytic relationship. The patient, lacking adequate ego identifications, is able, through the actions of the analyst, as revealed by limit-setting, to identify with the analyst. He is thus enabled to fulfil his part of the analytic contract.

Despite the evident utility of limit-setting, analysts seem apt to regard the process as not a proper part of analysis. Since limit-setting requires a certain degree of aggressiveness, the analyst tends to hesitate, and not to set limits, thereby depriving himself of an opportunity to study the psychodynamics involved in the procedure.

The psychodynamic implications of setting limits is the second of the two points I wish to develop. The first point concerns the difference between the limits set in the analysis of delinquencies, character disorders, and schizophrenia, and those set in analysing neuroses. These limits vary so greatly in degree that analysts are prone to mistake this for variation in kind. Of course, the error once made, the assumption is justified that a technique that lies outside standard psycho-analytic methods is being used. This is especially true if we follow Eissler's (4) definition of a parameter as a variation, *both* in kind and in degree, from basic analytic procedures. Another source of error, I suspect, lies in the history of psycho-analysis. It is only after years of focusing on the vicissitudes of the Oedipus complex and the stages of infantile sexuality that psycho-analysis has concerned itself with the ego structure and its modifications. A final and serious obstacle arises from the analyst's difficulty in

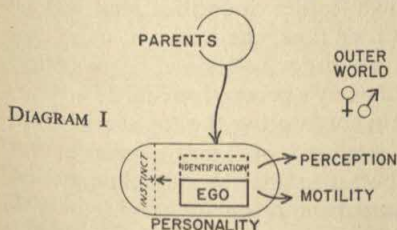
¹ Read in its original form before the San Francisco Psychoanalytic Society, 11 November, 1957.

perceiving that the patient is identifying with himself. This is especially true after the identification has matured to the point where it is thoroughly embedded in the patient's ego structure.

In the interests of clarity, it should be said here that I do not regard limit-setting as in any way a substitute for the interpretive work of the analysis. Rather, it has been my experience that careful attention to limit-setting leads directly and more easily to the utilization of both the basic rule and the transference phenomena.

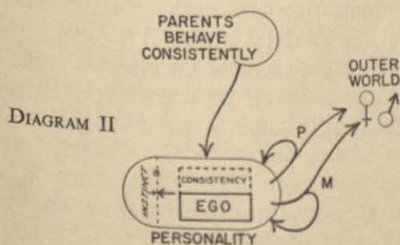
'Ego-identification' says Ives Hendrick (11), 'is the result of the process of imitation of the mother's way of doing things leading to the development of an essential executant function of the ego.' He adds that this process is 'initiated by frustration'. The following hypothetical illustrations of identification, with their accompanying diagrams, attempt to reduce to simple terms the identification process referred to throughout this paper. For purposes of simplification, I disregard entirely any psychosexual element, not because I regard such elements as unimportant, but because I wish to focus particularly on identification in the development of an executant function of the ego.

Diagram I is self-explanatory, though special attention should be directed to three of the ego's functions: (i) control of the perceptual apparatus,



tus, (ii) control of the sluices to motility, and (iii) the inner executant function of control over instinctual expression. The parents are indicated as the chief source of ego-identification for the individual.

Diagram II illustrates a hypothetical segment from the interrelationship between two healthy



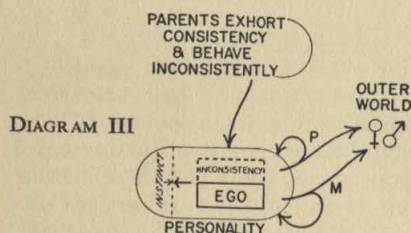
parents and their small son. The boy asks his parents for some spending money, and is told he may have 25 cents a week which will be paid every Saturday in return for doing some task. He may spend his money in any way, and the proposal is presented to him without admonishing, scolding, or lecturing. He performs the task and is paid the 25 cents, but within a few hours has spent it all on candy. He asks for more money and is told that, if he does his work, he will have another 25 cents on the following Saturday; again no lecturing or scolding. Now the child may or may not react by some sort of temper outburst; in either case he is not punished, but ignored. Through recurrence of this experience, he discovers that his parents are consistent. They hold to the initial agreement, and his vociferous demands do not make them budge. Thus, the parents assume an executant position and maintain it physically and verbally without punishing or retreating. As the weeks pass, certain personality traits appear in the boy. He perceives others as capable of upholding their side of a bargain, and also perceives himself as capable of acting likewise. Furthermore, he behaves consistently with his playmates in regard to financial matters; if he promises to buy something from a playmate, he does so, and expects reciprocal treatment. He shows considerable resistance to lending or giving money without value received, becomes more capable of controlling his instinctual demands, and progresses towards more mature levels. (This constitutes the evidence of internal behaviour of his ego towards his instinctual demands.) Thus he perceives himself, and others, as *his parents have perceived him*, and behaves towards himself and others as *his parents have behaved towards him*. In this sense he has become like his parents, and has identified with them.

There are undeniable defensive features in this type of identification: the strivings of the child's pleasure ego must give way before powerful parents in the process of 'devouring' (viz. identifying with) them. Strictly speaking, however, a choice is left to the boy; he may either go without the weekly allowance, or receive it and become like his parents. I think we err if we stress the defensive features rather than the more important wish to be like his dominant example. As Freud pointed out (5, 6), this behaviour parallels the cannibalistic rite in which the cannibal devours those enemies of whom he is fond. In further support of this I quote Hartmann, Kris, and Loewenstein (10): '... identification

has been one of the major, if not the major mechanism contributing to the child's early formation of personality; secondly, and under the pressure of danger, it can also be used for purposes of defence. But the two functions, the primary function of identification, its part in growing, and its secondary function, as a defence against danger, can hardly ever be sharply differentiated.'

Within my experience (and I hope my clinical illustrations will amplify this point), the analyst of the delinquencies, character disorders, and schizophrenia must carefully demarcate the details of such ego identification. For this reason, at the risk of labouring a point, I present another hypothetical illustration.

In Diagram III the parents respond to their son's request for an allowance by giving him lectures on how he should spend, use consistently,

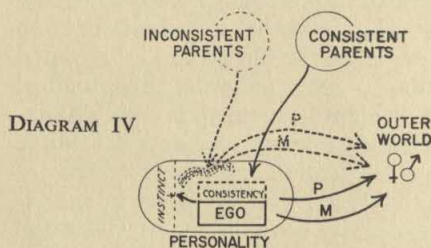


and earn money. Then, on Saturday, they give him 25 cents which he spends immediately; thereupon they lecture him quietly but at length on the evils of being a spendthrift, yet after the lecture give him another 25 cents with a caution that he should do better the next time. Here the parents behave inconsistently, except for their lecturing. What are the traits which will appear in this boy? He perceives inconsistency in others, and simultaneously regards himself with respect to money as somewhat unpredictable. As a result of these perceptions he behaves inconsistently with his playmates, being alternately generous and stingy; and he is prone to lecture his friends on how they should act. Similarly, the internalized behaviour in his ego structure toward his instinctual impulses is quite unpredictable, though he is capable of self-admonition for his relatively unpredictable behaviour. Obviously, his behaviour towards himself and others represents the characteristics *manifested towards him* by his parents. Of course, such characteristics are *not the ones his parents intended him to acquire*.

A further point should be made in regard to these two illustrations. The relationship between

the boys and their parents is crucial and not casual. We might refer to it as a 'closed system', in contrast to the casual relationship between children and acquaintances. That is, though the characteristics of the parents may be markedly ego-alien, they are all-powerful, and an identification process, whether healthy or pathological, occurs. This 'closed relationship' is the one that exists between patient and analyst, though seemingly the patient is allowed more freedom than the child.

In Diagram IV, we assume the sudden demise of the second boy's parents. As a foster-child, he is now placed in the home of the first boy, and



there encounters the treatment which was accorded to the first boy. In turn, the foster parents encounter those characteristics which the boy acquired from his real parents. Assuming the foster parents to be very wise (almost perfect), new identifications derived from them will appear; though earlier identifications will be evident for a long time, the new and more ego-syntonic characteristics will slowly gain critical control over the boy's perception and behaviour.

The problem confronting the foster parents in the above illustration is strikingly similar to that which confronts the analyst of delinquencies, character disorders, and schizophrenia. In each case the two tasks are: (i) deciding upon and maintaining rules of conduct, and (ii) facilitating acceptance of these rules by explanation. But neither physically maintaining nor simply explaining the rules will alone suffice.

Returning now to the problem of limit-setting, I wish to describe several examples, one hypothetical, and the rest from clinical material. The hypothetical illustration concerns a patient who arrives late for his analytic hour. If the dilatory patient is consistently dismissed on time, he will, though frustrated at first, become increasingly aware of time habits in himself and others. Thus, as a result of identifying with the analyst, his temporal behaviour becomes more realistic. In no way, however, does this diminish the symptomatic importance of the late arrival, and it must

still be dealt with through interpretation. Both the unconscious meaning of the late arrival and the analyst's behaviour in terminating the session 'on time' must eventually be made explicit and conscious by the patient. What happens, however, is this: since the tardy patient still expects to be seen for a full fifty minutes, it is obvious that he perceives the analyst as being like one or both parental figure(s). Having identified with these figures, he naturally anticipates the analyst's surrender to his unspoken demand for a full analytic hour (note the similarities between this case and the second hypothetical case, Diagram III).

I assume, now, the importance of the time-unit with respect to life; an intrusion, such as the patient's, actually deprives a person of a part of his life. The patient, in disregarding the analyst's time schedule, is in effect disregarding the life of the analyst. No matter how small the unit of time involved, it does not change the fundamental meaning of time. But it is important to realize that the analyst, in consistently dismissing the patient on time, does not deny the patient's significant wish to remain longer; he only prevents the wish from being carried out. By doing this, the analyst helps the patient to become more aware of the wish, thereby placing him in a position to deal with it more realistically.

My next illustration, while differing dramatically in degree with respect to setting limits, does not, in my opinion, differ in kind from the preceding example.

R. T., a young schizophrenic woman, was told that her analysis would stop if she took a certain step in life, despite repeated attempts to deal with the 'step' through interpretation. Nevertheless, she took the step, and was told that her analysis was ended. She returned the next two days, and both times had to be ejected from my office before she could believe I meant it.² A day later I received a cheque in full

payment for my services; with it was a note which said, 'Thanks, I'm glad you understood about weaning.' This patient has adjusted successfully, and two years after the termination of her analysis was quoted by her husband as saying, 'The most important single event of my life was when Dr. Hoedemaker threw me out of his office.'

Prior to my act, she had revealed the state of her ego boundaries by telling me the following story. Her children's riding horse escaped each morning from its corral and fed upon the neighbour's lawn; and she revealed her attitudes towards the problem of the horse (and of herself!) by saying, 'I feel so sorry for the horse because I can't mend the break in the fence through which it escapes because I can't find it.' Now what is the metapsychology of her behaviour and of the forced termination of her analysis? She, by taking the forbidden step, was unconsciously demonstrating destructive impulses, both to herself and to others; and these impulses were breaking through inadequate defences into behaviour. As Hartmann (9) would say: 'She was reporting the absence of adequate ego counter-cathexis against these impulses. By tenaciously holding to my edict, I represented a person who could keep his defences intact and demonstrate it. This was exactly the kind of person with whom she needed to identify. Moreover, by her behaviour and by her false estimation of the analyst as a person who would permit her to act as she pleased, the patient revealed a pathological or ego-alien identification with a parental figure who had been too permissive in highly significant ways. And so indeed was the traumatic case: early in her life her father had seduced her and repeatedly permitted her to play with his genitals. Having thus identified with her father, she capitulated to her instincts by playing with herself as well as allowing others to do so. Furthermore, she was unable to see that anyone, even the analyst, could behave differently.'

I have discussed elsewhere (12) the meaning of this kind of behaviour, behaviour which reveals something specific about both the parental figures and the pathological identification with

² A description of the 'ejections' of this patient may be of interest. On the first occasion, when she announced that she had acted contrary to the limit I had set, I told her that I was terminating her analytic work because she had acted contrary to my request, that I considered her act to be against her best interests, and that I could not continue to work with her. I then stood and told her that she was excused. She remained on the couch and said she thought I was not serious. I assured her that I was serious and that she must leave, took her by the arm, and firmly propelled her to the door. Once there she turned and said that if she was to leave I would have to put her out. This I did by firmly turning her round and forcing her exit. By this time she was angry and vowed she would be back the following day for her hour. I assured her that no time was reserved for her and that it would be useless for her to return. On the following day the receptionist let me know that she was waiting for an appointment at

her usual hour. I asked that she be sent to the office, whereupon I met her at the door and, when she tried to force her way, blocked her entrance. A brief tussle ensued which made it necessary for me to hold both of her wrists. Thereupon she tried to kick me and promptly ended up sitting on the floor. She was distraught and angry, and then after a pause said, 'Well, I guess you mean it', and promptly left. This patient was of slight build and weighed about ninety pounds.

The above details seem beside the point if it is remembered that in any case the analyst is under obligation to the patient to see to it that he, the analyst, never loses actual physical control of the situation. In most cases the assistance of others would be called upon, be it the receptionist, nurse, or police. The form and timing of such help can be sensed accurately beforehand only if the analyst's empathy with the predicament of the patient's ego is adequate.

them. Such revelations are the patient's unconscious, though quite precise, requests for certain limit-setting in the behaviour of the analyst. Today I would handle this situation somewhat differently. At the time, I was acting entirely intuitively, and left her no opportunity to return to analysis. Since the permanent, forced, and premature termination of analysis should in theory never be necessary, I would now proceed as I did in the following example.

S. R., a young man suffering with a severe character disorder, had walked out on two previous analysts against their protests and recommendations. Once, after accusing me of dishonesty, incompetence, and stupidity, the patient left, announcing he would not return. I told him the decision was his to make, but I would hold his hour for one week and charge him for the appointments; he would be free to return if he so desired. He returned the following day, stating that he could not get along without the analysis. A few weeks later when he became very abusive, defiantly stating that he would make the rules for the analysis and would not even attempt to follow the basic rule, I dismissed him; I told him to return only if he decided that I was in charge, and would determine the conditions of treatment. He returned in a few days, his delinquent behaviour ceased completely, and from that time on he kept his part of the analytic contract. Apropos of his walking out, and the time I required him to leave, he said later 'I came to life then'. This patient has a schizophrenic mother and a very passive father.

I have had to dismiss patients only twice. The first time was in the case of R. T. At the time I dismissed her, I was only intuitively aware of the ins and outs of the situation, but with the last mentioned patient I thought I understood the situation. My distinct impressions were that the patient needed to identify with a person who could live separately from him, who did not need him (the patient) enough to ask him to stay, and who was intimidated neither by threats of being left alone nor by actual aloneness. These impressions followed from my view of the patient's ego structure as literally stuffed with pathological identifications, stemming largely from the mother, though from the father as well. The patient had little ability to put a distance between his ego structure and these pathologic identifications. In this connexion Freud (6) said, 'Although it is a digression from our theme, we cannot avoid giving our attention for a moment longer to the ego's object-identifications. If they obtain the upper hand and become too numerous, unduly intense and incompatible with one another, a pathological outcome will

not be far off.' Thus, by leaving the analytic hour, I think the patient was unconsciously testing the analyst's ability to carry the full load of these pathological identifications in the transference without becoming too perturbed, or actually disturbed, in his professional work. Finally, by being dismissed from the analytic session, he unconsciously demonstrated his need for an identification with a person who could not only survive in the presence of the manifestations of his pathological identifications but also forcibly defend himself and the boundaries of his own professional ego.

Of course, the meanings of the patient's behaviour and the analyst's limit-setting must eventually be analysed. In this instance the primary interpretation was that, with his departure and defiance of the analyst, the patient was acting out an identification with his psychotic mother. The identification had pre-empted control of his perception and behaviour toward the analyst, thus indicating a need for the latter's help in obtaining the control for himself in his own best interests. Later in the analysis, the patient repeatedly validated this interpretation; he always became powerless in the presence of his psychotic mother. (This, of course, was but a part of the interpretive work within the course of the case.)

My next illustration, M. K., is of a young woman suffering from a severe character disorder. After being told that if a Wednesday analytic hour became available she would be informed, she sat up at the start of her third session, faced me, and said, 'Do you have a Wednesday hour for me?' I motioned to her to lie on the couch, and said, after several moments, 'I guess you need to discover if I am the sort of person who, knowing you want a Wednesday hour, would *not* tell you that one had become available without your asking again.' She went on to say, 'It is right that I cannot have everything I want.' Subsequent material from her analysis revealed small regard for the ordinary boundary lines between the activities of various members of her family. Intrusion into her personal affairs by both parents was an everyday occurrence. With the successful encountering of her intrusiveness and seductiveness, and with her conviction that analysis was not merely a conversation between two people, she was able more and more to perceive in her everyday life the natural boundaries between herself and other people.

Let me now compare this case with the following one. At the first interview, an acutely hallucinating, schizophrenic woman, A. L., asked if I knew the doctor who sent her to me just after I had told her that I did know him. Without answering her, I said, 'Do you mean that you didn't hear me or can't

remember what I said?' She looked at me directly for the first time and with a faint smile correctly answered her own query. To my mind her question indicated the identification with figures from the past who had perceived her as incapable of remembering something from one moment to the next, and therefore needed to have everything repeated. She naturally thought that I too would perceive her as being devoid of memory. The identifications with parents made it practically impossible for the patient to see me as capable of independent thought. Subsequent contact with her parents confirmed the impression that they were almost totally unable to perceive her as equal to the simplest decision.

In both this case and the one before (the young woman who asked if I had a Wednesday hour available), I can see no difference in kind between the two encounters and the two modes of behaviour, though one patient had a character disorder and the other patient was in an acute psychotic episode. The *kind* of ego modification present in each case appeared the same, and the *kind* of limit-setting indicated also appeared the same.

Under Eissler's (4) definition of a parameter of psycho-analytic technique (a 'deviation both quantitative and qualitative from the basic model technique, that is to say, from the technique which requires interpretation as the exclusive tool'), it should be noted that the deviation must be both quantitative and qualitative. For this reason I believe that the limit-setting reported thus far does not conform to Eissler's definition: there has been only a quantitative, not a qualitative deviation. In practical terms, this means that the limit which I assume as part of standard analytic technique is that the relationship between the patient and the analyst is maintained at a professional level and remains within the limits laid down by the analyst.

The following illustration concerns an absence from the analytic sessions due to pregnancy. C. D., a schizophrenic woman in early middle age, was advised to begin analysis when she became disorganized in her duties as housewife and mother of four children. The situation became especially acute when one child began to develop rather marked autistic symptoms. Now, with the approaching confinement, certain questions arose: 'Would my confinement mean the termination of my analysis?' 'Would it not be best to stop now (after about six weeks) and perhaps come back when I'm at home with the baby?' 'Maybe I shall be well after the baby is born; besides, there was no need for me to be analysed in the first place.' These questions were expressed with blandness, apparent lack of interest

in and awareness of the seriousness of her illness. While listening to her I feared first of all she would stop analysis, though my fear was not excessive. Nevertheless, I wanted to build a fence around her so that she could not get out of analysis: the income from her analysis was of some importance to me, and yet I had to make sure that its role was not too great in my thinking. However, I gradually came to realize that it (the income) ought to have a somewhat greater role than I was allowing. My intactness as a professional worker depended on the regular attendance of patients, and the payment of their fees, whereas, in effect, my patient was trying to 'push me around' with a bland disregard for both her own needs and mine. Now if my first premise was correct, viz. that she was approaching a psychotic break and was desperately in need of help, then my importance to her was paramount. Her decision to begin analysis, with its attendant sacrifice of money and time, had to be seen in stark antithesis to her bland indifference. Yet the indifference continued to manifest itself. 'Would you hold my time for me?' she asked, simultaneously wondering if she herself wanted it to be held. She finally said she could not expect me to keep the time open during her confinement (indicating by this negative that she might want me to hold the time). But if the time were kept open, 'I certainly should not be expected to pay the fee' (indicating, thereby, that she thought I might require payment). I remained silent throughout her cogitations. Her final estimate of a reasonable arrangement was that I should hold her time, but see other patients and therefore not charge for the missed appointments. Summarily put: *She perceived the analyst as a person who could casually see patient after patient one hour each for only two weeks, then never see them again, but easily fill the missed appointments and at the same time feel he was doing good professional work.* Obviously she was in error, and I told her that her hours would be held open and she would be charged for them. I added that while I might be able to fill the vacant hours with single interviews of new patients, I would not do so: it would be fair neither to the patients nor to myself to start treatment knowing that I could not continue. I confess shock at the immediacy of her reaction: she burst into tears and expressed great relief at what I had said. She then revealed a deep-seated fear of stopping analysis. She said the money involved was a minor part of it. It was just that some day for some reason—not understandable to her—she feared she would be unable to continue analysis. This had nothing to do with the necessary absence during her confinement, but arose from psychological factors to be discussed presently.

There is no question in my mind that the limits I set were correct and highly functional, but that they may have made the difference between the pursuit or abandonment of analysis.

These limits appear logically necessitated by the position I was forced to assume. I had to discover myself as unwilling to see new patients for one hour at a time and then abandon them; in other words, the essential factor was not monetary. For this reason, I was able to avoid a pathological sense of guilt about payment, and also I avoided a loss of income due to an external circumstance. I was also forced to understand (and make her do likewise) that her relationship to me was not a casual matter. One other element enters here: I had to show that it did make a very definite difference to me, as an analyst, whether or not a patient began analysis and then abandoned it with resulting failure. Thus, I was interested in my own performance as a professional person, interested in my reputation, and interested in whether or not my patient recovered. All this arises from the patient's unconscious demand that the analyst demonstrate self-concern as well as concern for the patient.

After taking up this position and observing its effect on her, I began to comprehend what she meant by her fear of missing or losing her analytic hour, and how the stand taken provided defences against this eventuality. The internal configuration of the patient's personality structure was typically schizophrenic: an immature and badly disorganized ego structure, distorted and dominated by pathological elements which stemmed from her parents. On reviewing this encounter, I arrived at a conclusion which is in keeping with the hypothesis I have described elsewhere (13) in regard to the schizophrenic personality structure. The success of the stand I took with respect to her absence during confinement must be attributed to the fact that in her past any development of healthy interest which was not for the pleasure of her mother had brought an immediate attack by the mother. Thus, when in analysis for only six weeks, she was already feeling its beneficial effects. Her dread of relinquishing her appointments and even the analysis itself is therefore understandable. The attitude of the father was one of cold indifference; she was tolerated as long as she was unobtrusive. Thus, identification with these parents made it almost if not completely impossible for the patient to perceive the analyst as someone who saw her as an individual with unique needs, hopes, and aspirations. Her attempt to solve the problem of expected confinement was in keeping with this percept. *She* could be replaced by another patient who

himself could be replaced in turn. The process could continue day after day, with calm indifference, as long as the same amount of money came into the analyst's pocket-book. *In her attempt to solve this problem, she focussed on the implied indifference of the analyst and on her need to avoid discommoding.* It cannot be emphasized too much that the behaviour of the patient, though unconsciously motivated, placed the analyst in a position where his decision would either make him a person like the parental figures or diametrically opposite to them. Furthermore, the analyst was given the exacting task of discovering his own professional boundaries and the reasons for them; he also had to redefine the pathological identifications from his own past. Unless this is accomplished successfully (and we all have to do this repeatedly in our work), the analyst can neither empathize with the struggling ego structure of a patient nor take up a correct stand. Once he has accomplished this work, the patient then has someone entirely different from whom to fashion a new healthy identification as a counter-cathexis against the threatening internal pathology.

It is not sufficient to set these limits empirically, though it is better to act empirically than not at all. When we do, however, we act blindly, and therefore tend to miss the specific range of limits required by the patient's behaviour and his psychic economy. Here it must be said that the process of limit-setting, as in this case, is not interpretation, but rather a dynamic tool that, in accordance with the patient's needs, can be wielded directly and effectively by the analyst in order to provide material for ego identification.

It is not within the purpose of this paper to delineate the effects of the above encounter with regard to its efficacious role in the development of the transference psychosis. However, this much may be said: for the patient to use the transference neurosis or psychosis, he must maintain an object relationship with the analyst, the patient-doctor relationship. This will serve as a platform for the development of the transference phenomena without the vicissitudes of the transference actually rupturing the patient-doctor relationship. Through the early contacts with an analyst who demonstrates his ability to function efficiently in the presence of pathological elements, an identification with the analyst develops and allows the patient to perceive the analyst as different from and more realistic than figures from his past. A powerful element in the development of such identifications is the limit-

setting, and, of course, the sicker the patient the more crucial this element. The limit-setting must be done as realistically and consistently as possible, not only in the crucial encounters, but in the less dramatic impacts such as those incident to late arrivals and requests for extra vacations.

Returning to the last-mentioned patient, I found that as she was more able to see people as distinct from herself, she became safer against the encroachments from within herself and from the outer world. Thus, she made the following remarkable statements: 'If you have a part of you that is bigger than the nice part of you, you'll be squashed.' A second and still more revealing quotation is, '*Maybe if someone else (analyst) outside of you won't let you impose on them, you just learn not to let part of yourself impose on you and on others.*' These two quotations, I think, contain verification of my hypothesis concerning the personality configuration of the schizophrenic. But, more important, the second quotation validates my hypothesis of the effect of realistic limit-setting on the patient's ego. Over a year after her pregnancy, she was able to verbalize while working through the almost overwhelming identification with her mother, the fear that she might be overwhelmed by the part of her that is like her mother.

DISCUSSION

An attempt has been made in these clinical illustrations to present patients from varying diagnostic categories, each of whom revealed, through behaviour in relationship to the analyst, evidence of some ego modification. This behaviour required the analyst to set limits in order to avoid having the boundaries of his professional activity breached. Such limit-setting resulted in more realistic behaviour and perception in the patient's ego functioning.

We must now consider the metapsychological implications of this limit-setting process. First, the change in the patient's ego appears to meet the requirements of an ego identification, and the characteristics acquired are those manifested toward the patient by the analyst. Second, frustration is experienced by the patient whenever limit-setting takes place. And finally, with continuous and consistent behaviour on the part of the analyst, the newly acquired ability becomes part of the patient's ego-armamentarium.

The maturation of this process has been described elsewhere (12). After a time, the patient regards the ability acquired from the analyst as his own, and displays it proudly.

Szurek (15), writing of childhood schizophrenia, has described how this change makes its appearance. It is at times not only difficult to observe but even to be aware of the patient-analyst identifications that have developed. Initially, the patient seems to be obeying the analyst, and, of course, this is true. We give insufficient attention to this, the patient's almost immediate concurrence with the internalized portion of the analyst that he has 'eaten'. With maturation, the portion, if palatable and digestible, becomes part of the patient's ego structure, and the internalized command to obey becomes unconscious.

The identification process can be seen most easily in its initial stages and in a severely modified ego. I first became aware of this process in a paranoid schizophrenic patient just after a psychotic episode. In this case (12) the limits I set for my patient were that she give up the custody of her children and allow them to live with relatives. Asked what would I do if she refused, I told her that she had the choice to accept the limits or I would have to discontinue her treatment. At this time I first became aware that patients need limits set for their *own* welfare. I recall telling the patient that I was setting these limits for the welfare of her children because, in my opinion, they would be harmed by continued association with her and her illness. *To my surprise, I found myself pointing out that it was also in her own best interests not to be allowed to continue harming her children by caring for them!* As time went on, she spoke of the new relationship with her children as the summation of her own attitudes, and these she was prepared to defend. In other words, she had identified with me and would not permit herself to hurt her children. What I told her was arrived at intuitively, but thereafter I made it a rule that patients give up in their own interest (protection against guilt and humiliation due to inadequate control of impulses) behaviour destructive to themselves and others. However, it has been my experience in talking with other analysts in regard to these matters that the need of the patient, while sometimes intuitively understood, is often not seen psychodynamically as a need for an identification with them which enforces the patient's ego.

In schizophrenia, where ego modifications are greatest and most contrasting, the psychodynamics of the limit-setting process are more clearly seen. One of the finest examples in the literature of therapy with a schizophrenic patient is Knight's (14) work with an adolescent schizo-

phrenic young man. Knight attributed at least some of his success in this case to 'active firmness on the part of the therapist in breaking through the barriers of the trance and defiance.' He went on to say that 'the protective strength of the therapist may thus be experienced by the patient as a reinforcement of his own enfeebled ego, making it possible for him to contemplate eventual success in his struggle if this good ally will stay in the fight.' Knight's patient had spent hours standing in a state of catatonic mutism until his feet were badly swollen. Knight in vain urged the boy to lie down and to rest, pointing out that permanent damage could be done to circulation if he continued standing. Finally, he picked the patient up and put him on the bed. Now while Knight does not state it in his paper, I believe his patient benefited psychologically by this act. And, with respect to the patient's mental state, it was an intuitive performance. I have talked to Knight at some length about this case, and I believe that I am correct in stating that when he carried the patient to the bed, he did not anticipate any specific psychodynamic effect on the patient's ego structure. Of this case Knight says in a recent communication, 'I did regard the actions on my part at the time as a change in technique from that of the always patient, infinitely tolerant, but passive therapist, to the relatively tolerant and active therapist, who would not remain passive while his patient behaved in a way to damage himself and defeat his own interests. My reflections about this followed the actions rather than preceding them. At any rate my conscious reflections followed them. There must have been some subliminal reflections beforehand or I would not have made this switch in attitude.' I believe that by being physically forced to rest himself and protect his own body from further damage, the patient was able to identify with Knight as someone who would take a definite stand, and would not retreat, no matter what the patient's behaviour. It is important to notice that the therapist acted to prevent the patient from physically damaging himself and the therapist as well. Knight himself had to stand by the side of the patient for long periods of time—very hard work, as I know from personal experience with psychotics. Thus, I suspect Knight intuitively saw that the patient was acting destructively not only towards himself but towards the therapist as well. Knight has confirmed my suspicions; in relating his verbal attempts to induce the patient to rest, he says, 'I found it too tiring to stand, and hoped

he didn't mind if I sat down.' Although it may sound trite, it is axiomatic that what is best for the patient is best for the analyst and what is best for the analyst is best for the patient. Note that the analyst has three choices of behaviour: (i) He may punitively restrict and punish, (ii) he may retreat and be intruded upon, or (iii) he may stand neutrally at his own boundaries. The latter behaviour, I believe, is that which I followed in my cases, and certainly is what I advocate. Bowlby (1) has lately made this point clearly: 'It is a curious thing how many intelligent adults think that the only alternative to letting a child run wild is to inflict punishment. A policy of firm yet friendly intervention whenever a child is doing something we wish to stop not only creates less bitterness than punishment but in the long run is far more effective.'

Eissler (2) makes the correct inference that his success was related to the position he took when his patient attempted to seduce him into rescuing her from all kinds of embarrassing situations. After successfully resisting these attempts, and after demonstrating his ability to deal professionally with this matter by not being personally discommoded, he reports surprise that 'the patient felt no further desire to test my ingenuity and consequently was able, by and large, to conform to the principles of conduct accepted by the social group.' Eissler goes on to say: 'A workable relationship between analyst and patient, manifested by the abatement of acute symptoms, was always achieved only after the patient had temporarily accepted the analyst as an omnipotent but benign being.' It is my opinion that Eissler intuited his patient's need to identify with someone who could resist her seductiveness. She could then internalize this ability, and adequately cope with the danger within herself.

This raises the question whether or not the kind of behaviour which demands limit-setting is always attributable to pathological identifications. In other words, is some of this behaviour a manifestation of normal unmodified aggressivity in the growing child? The answer, I think, is 'no': behaviour of adult patients which necessitates the setting of limits is always derived from pathological identifications with parental figures, identifications which usurp control of the perceptual apparatus and block the sluices to motility. I have two reasons for saying this. The first concerns the subjective response of the analyst to 'normal aggressivity', such as a temper tantrum, or vigorous scolding of the

analyst, or spontaneous outbursts of joy. On such occasions it never occurs to me to set limits, and as a matter of fact I am pleased, for I regard the patient's ability to show these feelings during the analytic session as a sign of progress. The second reason arises from the nature of the psychic structure of disordered characters and psychotics. Not only is the analyst the recipient of the sick parental images in the transference, but he also is subjected, through projective identification with the patient's healthy ego, to the furious oral aggressivity of the parental identifications. In this latter situation, the analyst finds his interpretative efforts brushed aside as though they did not exist. It is only when he persistently requires the patient to treat his opinions with respect as his best analytic efforts that the patient is enabled to 'see' his own destructive characteristics. It is this sort of 'fighting for his life' that permits the analyst to empathize more fully with the patient who in his childhood encountered similar destructive attacks. Thus the analyst gains first-hand experience with the kind of hostility his patient encountered as a child. On the other hand, the temper tantrum and similar outbursts are manifestations of the analyst's effectiveness rather than destructive attacks upon the analyst.

Eissler (2), in the treatment of delinquents, has credited omnipotence and new and different behaviour on the part of the analyst with playing roles in the cure. A few comments in regard to these two points seem in order. First of all, it has been my experience in working with schizophrenics that I have to guard against the feeling of omnipotence, especially when the analysis is going well. There is something almost intoxicating when one sees a schizophrenic person responding to one's efforts, but the feeling of omnipotence appears as a by-product and not as the cause of the progress. It is somewhat like the omnipotence which children attribute to their all-powerful parents. Since the patient regards the analyst as omnipotent, the analyst runs the risk of identifying with his patient and coming to regard himself as omnipotent (the technical problem of resisting this by-product has no place in this discussion). In regard to 'newness', the patient experiences the particular limit-setting in question as new because it really is a new experience, one the patient has never previously encountered in a relationship with a significant person. But it appears somewhat illogical to me to attribute significance to 'newness' without realizing the psychodynamics of the process: the

limits set for the patient are actually not only new to the patient but are more realistic and healthy. The element which the analyst has provided was actually absent in the patient's ego.

Later, Eissler (3) reports surprise that a schizophrenic woman attributed her recovery to the fact that at the onset of treatment he had 'taken over active guidance and did not consider her sensitivities but went ahead and did what he thought should be done.' In regard to this same patient he also said, 'but here the patient insisted that an action which she evidently had experienced as an aggression and one stemming from her therapist to boot, who in my calculation was the key figure in the process of conveying love, had nevertheless had a beneficial therapeutic effect.' The word 'nevertheless' in this quotation means in the context 'even though I did not love her it benefited her'. Now if ego strength and efficiency are increased by this therapeutic step, certainly the patient has received something of value; whether this is love or not depends upon our definition of love. In the process of setting limits, Eissler made it necessary for the patient to protect and stop destroying herself. He provided the patient with a very realistic portion of himself with which she could identify. No doubt aware of some annoyance when the patient entered his office (she arrived in town with no plans for earning a living), he was able, assisted by this annoyance, to mobilize his behaviour toward her.

Again quoting Eissler (4), now with respect to ego modifications: 'There are other therapeutically effective factors which may look like tools, such as the denial of wish fulfilment to which the patient must submit throughout the treatment or more generally, the psychoanalytic therapeutic attitude. I believe that these factors are secondary; that is to say, they are the necessary consequences when interpretation is the only tool of the analyst.' In other words, if we are to use interpretation as our only tool, it requires that wish fulfilment be denied. This, of course, includes wish fulfilment toward the analyst. Thus, what I understand Eissler to mean is that in order to make interpretation possible we have to set limits, which is a 'therapeutically effective factor' of 'secondary importance'. I wonder, however, just how secondary is this factor, especially if without it no analysis is possible. Before a surgeon makes his first incision, how important are the preparations (the 'scrubbing-in', the laying out of instruments, etc.)? Or, even prior to that, how important is the surgeon's

knowledge of his tools, of the human body, of the nature of the ailment, etc.? Obviously without the preparations and the knowledge, surgery could not be successfully performed: the preparation and the knowledge are as much a part of the surgery as the action of scalpel on flesh. In the same way, the process of limit-setting is an intrinsic part of the analytic technique, to be studied, psychodynamically understood, and utilized just as the interpretative skill itself. It seems to me that those who hold limit-setting apart from analysis must define just how it differs from psycho-analytic theory—a field theory meant to be applied to all human thought and behaviour.

The statement has been made that although the limit-setting process varies in degree according to the amount of ego modification, these are variations in degree only. One patient, when told that time is up at the end of the hour, though he came late, will leave promptly without the necessity of any explanation; another patient leaves reluctantly; still another patient is dismissed and has to be bodily assisted out of the analyst's room. At first glance, these appear as variations in kind, but I believe they are actually variations in degree. Consider the person who comes late for an analytic hour and leaves promptly when the analyst announces that the time is up. What is unsaid (unsaid because it is implicit) in 'time is up' is this: 'I am terminating the session now because if I allowed you to remain longer you would intrude into my time. Furthermore, I require your departure for your own good. But your wish to stay is perfectly all right as well as any other feelings that may occur. If you persist in trying to stay beyond this allotted time, I shall insist that you leave, and if you do not leave, I shall forcibly require you to do so. I shall even obtain physical assistance if I deem it necessary.' Now does the patient understand all these implications from his past experience with the analyst? Certainly not, for frequently this line of thought and behaviour occurs in the first analytic hour. The patient leaves promptly because he has identified with people who did considerable limit-setting in regard to him in his earliest years, people who were consistent enough to follow up their requests by appropriate physical measures when necessary. And the patient is able to perceive the analyst as possessing these same attributes. The point is this: regardless of the limit set, there is always the implication that, if it comes to a showdown, the analyst will maintain by all the

means in his power the limit which he has established. In other words, once the crucial limit-setting encounter has occurred, the analyst is perceived correctly as one who is prepared to maintain his position should the need arise. Some of us never need to see the traffic policeman's signal for ourselves; others, when they see it, stop promptly, and unquestionably accept his authority. Hopefully, none of us have to engage him in a fight to discover if he really means what he has said. These variations, however, all depend on our past experience with parental behaviour, which varies from realistic consistency to extreme inconsistency. The two patients I discharged from analysis varied in their behaviour when being told to leave the office. One had to be removed bodily; and the other, after talking as though we were going to have a fight, stood up promptly when I stood, turned, and walked out without the slightest loss of control. I would have been greatly surprised if he had found it necessary to oppose me physically. But before I dismissed the woman who had to be physically removed, I sensed that it might happen. My conclusion, then, is that the degree of limit-setting which is necessary is determined by the amount of ego modification present. Thus Freud (7, p. 337) emphasizes the gradient between the normal and the severely psychotic: 'Now every normal person is only approximately normal; his ego resembles that of the psychotic in one point or another, in a greater or lesser degree, and its distance from one end of the scale and proximity to the other may provisionally serve as a measure of what we have spoken of as a "modification of the ego".' Again (7, p. 342) an imaginary normal ego 'is one which would guarantee unswerving loyalty to the analytic compact'.

Surely standard analytic technique does not consist of the making of interpretations only; even Freud's papers on technique are full of the limits which he set for his patients (8, p. 354), though he does not appear to have seen that these various limits had a specific psychological effect. But there is no question that he saw clearly that behaviour as to the frequency of appointments and excuses for vacations and illnesses had an effect on the progress of the patient's treatment. Furthermore, Freud (8, pp. 344-6) recognized that the analyst's effectiveness can be threatened by a laxity in regard to time. As to the regular hour, he says, 'No other way is practicable. Under a less stringent regime the occasional non-attendances accumulate so

greatly that the physician's material existence is threatened.'

One of the oft-discussed and very interesting limitations which Freud (8, p. 354) placed on his patients was that they lie on a sofa while he sat behind the patient out of sight. One of his reasons for doing this was 'a personal motive, one that others may share with me, however. I cannot bear to be gazed at for eight hours a day or more. Since, while I listen, I resign myself to the control of my unconscious thoughts, I do not wish my expression to give the patient indications which he may interpret or may influence him in his communications.' I fully agree with Eissler (4) in discarding Fromm-Reichmann's idea that this was an idiosyncrasy of Freud's. However, a possible formulation of this limitation is that Freud (8) was expressing a feeling of annoyance at being looked at by his patient. To carry this point further, let us for a moment use an analogy. A surgeon is bent upon the intricate dissection of a piece of pathological tissue from a vital area; as he dissects, he grimaces, thereby portraying his feelings. Now if a patient is allowed to look at a surgeon or an analyst, the surgeon or the analyst has one more factor to keep under control. The patient's gaze constitutes an intrusion into the physician's ego area of professional work. Thus I believe that Freud felt intruded upon as the patient gazed at him. I conclude that the psychodynamics of requiring the patient to lie on a couch represents a piece of realistic boundary definition on the part of the analyst. An important product of this limit-setting is that the patient is able to identify with the analyst, and more sharply define the realistic boundaries of his own ego apparatus.

A word about 'wild analysis'. We hear this term frequently, especially in connexion with the treatment of the psychoses. As we analysts enlarge our areas of activity to include the delinquencies and the psychoses, we shall work first intuitively and then more and more on a conscious level in regard to technical procedures. However, the normal experimentation of those who pioneer into these areas of activity should not be too quickly attacked with the cry of 'wild analysis'. I think psycho-analytic theory is a field theory capable of the eventual understanding of all human thought and behaviour, but we must, whenever we encounter success in analysis, persistently attempt to discover the psychodynamic explanation of the success. Then we shall be following sound scientific standards.

SUMMARY

An attempt has been made to direct attention to the specificity of limit-setting with patients of varying degrees of ego modification. Each analytic patient demonstrates, through the nature of his inability to adhere rigidly to the analytic contract, the nature and degree of ego modification with which he is handicapped. The behaviour which demonstrates this ego modification is the indirect expression of a need for a specific ego identification which the analyst is in a position to supply through careful realistic behaviour. Common to all these patients is some disturbance in perception and some failure of an executant function of the ego. Finally, such limit-setting, while it varies greatly in degree from one case to the other, is not a variation in psycho-analytic technique in kind, but only in degree.

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A STUDY OF SOME EARLY CONFLICTS THROUGH THEIR RETURN IN THE PATIENT'S RELATION WITH THE INTERPRETATION¹

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Since Freud, the study of transference has been one of the most important sources of knowledge regarding the child's psychological processes. As the *interpretation* is the main expression of the analyst, the patient's relation to it becomes the preponderant field in that study. Moreover, the degree in which the interpretation can be accepted and assimilated depends on this relation. The analysis of the patient's relation to the interpretation hence acquires a threefold interest: it is a study of infancy, it is a working-through of the transference, and it is an indispensable therapeutical (technical) requisite. It is the first aspect—the study of some infantile processes—that mainly concerns us today; the other two aspects are, however, closely bound up with the first.

After Freud (1, 2) several analysts have devoted special attention to this subject, W. Reich (10), K. Horney (4), and M. Klein (7) among others. In the Argentine, L. Alvarez de Toledo (11), A. Gonzalez (3), G. T. de Racker (8), and others have dealt with different aspects of this wide topic. The present paper will refer, on the one hand, to infantile situations already known, exemplifying them through the patient's relations to the interpretation. In this respect, its aim is to contribute towards a closer contact between our theoretical knowledge and analytic practice. On the other hand, we shall meet with some rather obscure points and shall attempt to contribute to their clarification. Furthermore, through the material to be presented, I shall try to confirm the succession of certain situations of pain, anxiety, and defence, and their dynamic interrelation, as set forth in my paper on 'Stratification' (9).

I

The return of the child's *relation to the breast* in the patient's attitude towards the analyst's

interpretative capacity and activity has been pointed out by M. Klein, especially in her latest book (7). But the relations to the breast, as described by her in former writings (5, 6), may also be plainly observed in the patient's attitudes towards the interpretation. The same holds for the child's relations to the mother's womb and for the early and succeeding stages of the Oedipus complex.

The following case provides some illustrative fragments.

The patient is a man 40 years of age, married, who came to analysis because of his fluctuations between depressive and hypomanic states. At a certain period of his analysis, he is found to be extremely closed against the interpretations. He but half listens to them, if at all, meanwhile thinking of other things; or he rejects them as erroneous, seeking out and attacking any debatable point in them. The analyst is never right. He declares that the interpretations are of no use to him, or makes fun of them, considering that they are an expression of the analyst's insanity.

During this period, food plays an important part in his associations. He frequently remarks that he has no appetite. Moreover, his house is so far away that he cannot return home for lunch, and the restaurants are all bad or dirty. Neither does he feel like reading, not even newspapers, for 'insipid pap' is all they have to offer. He does not want to eat at his sister-in-law's, because he feels she wants to dominate him through the fact of his eating there. He remonstrates with his mother-in-law for trying to entice his children with sweets. He remembers how his own mother used to keep the jam for herself. He feels guilty for having eaten turtle soup, when he had not bought his son the tortoise promised to him. He drinks fine wines, but is afraid of what they will charge him. He talks of a man who lives off the dead, earning his bread through his business with legacies.

All these associations also referred to his relation

¹ An expanded version of a paper read to the 1957 Symposium of the Argentine Psychoanalytic Association on Psycho-analysis of Children.

with the analyst. The food was the interpretations which thus represented the bad or dirty breast, the dominating breast, the enticing one, the miserly or dead one, or else the good breast he was taking away from another. It was evident too that the interpretation-breast was the more bad and feared, the more the analysand had previously attacked the interpretations.

Other associations also show for what reason and by what unconscious means he has attacked the breast. The patient perceives that if things go badly with him, he does not wish any better luck for the analyst. He expresses the same envy even more clearly in speaking of how interesting a psychoanalyst's job must be in comparison with his own; but he consoles himself with the thought that 'the analyst has to wipe his patients' behinds'. That is to say that one of the patient's techniques to calm his envy is to attack the analyst with his excrements. Hence the breast-food-interpretation is later felt to be dirty, bad, dangerous, or dead.

Besides envy, several other motives exist for his conflicts with the breast. The mother-analyst, keeping the jam for herself, points to the frustrating breast-capacity for interpretation, and, furthermore, to his own greed and avarice. The guilt feeling at having eaten the turtle at his son's expense indicates the pain at having damaged his loved objects, and in the last instance, at perceiving his oral greed towards his mother-analyst. This guilt feeling will later increase his fear lest another should take away what is his, a fear contained especially in his intense jealousy.

According to M. Klein, the same feelings of frustration, envy, greed, and jealousy are afterwards felt with respect to *the mother's womb* and its contents, which are then likewise attacked. In our case, the attacks with excrements predominate once again. For instance, the patient avoids touching the door of the lift in the analyst's house, finding it dirty. He associates with a man (whom he knew to have been in analysis) who, when shaking hands, used to hold out one finger which was wrapped in toilet-paper. He feels uncomfortable on seeing some flies in the consulting-room, saying that they are dirty and might bite him.

The house represents the mother-analyst at whose entrance (the lift-door) the patient had defaecated, and with whom he fears any further contact. The flies are the children-interpretations which he had attacked in the same way during the previous session, thereafter feeling persecuted by them. Hence he distrusts the interpretations and closes himself up against them.

In the situations described above, the analyst is felt at bottom to be or to possess the breast or womb, rich in contents, powers, and pleasures; he is 'on top', whereas the patient feels himself to be the child, poor in capacities and satisfac-

tions, attacking (out of frustration, envy, etc.) so to say 'from below upwards'. At other moments, it is the patient who feels rich and 'on top', and attacks from 'above downwards'. With relish and in detail he describes the savoury dishes that had been served to him at the many parties he has lately been to, expecting to make the analyst's mouth water. He speaks scornfully of the smell of onions apparently coming from the analyst's kitchen, and the while praising the cooking in his own house. He is the one who is or has the good breast, and not the analyst. Analogously, he knows everything better than the analyst, is right on every point, and makes fun of the latter's lack of some item of common knowledge. That the analyst might know something better, or that an interpretation might be correct, is unconsciously felt to be a grave danger. He associates a great deal about people who give themselves airs, or show off in any way, and feels unconsciously persecuted by them, but he finally admits to the same tendency in himself. Any transference interpretation is rejected with particular violence, owing to his fear that the analyst might wish to impose upon him or acquire *special* importance for him. Analysis of this persecutory fear leads the patient to remember how in adolescence he had had the idea that through him Creation had wished to achieve something *special*.

His attacks, both 'from below upwards' and 'from above downwards', usually lead to the aforementioned paranoid fears, while at other times depressive worries and guilt feelings make their appearance. The patient is afraid of having ill-treated the analyst and his interpretations, and apologizes or tries to make good by conceding one or another of the analyst's statements. This depressive anxiety appears in its deep content too, for instance, as horror at the idea of soiling the analyst by shaking hands, after having that night touched his semen (milk-faeces). Ideas of justice and punishment, for example because of his greed, can also be seen in his refusal to accept interpretations. This rejection is associated with the memory of how, as a child, he had not wanted to go on eating butter when he heard there were people who had to go without it.

So far we may observe the following succession, dynamics and stratification of situations: at bottom, the patient is tied to an object (breast, mother) to which he ascribes the greatest richness and importance. This situation is felt as an intense persecution, since according to the

degree in which the patient admits this relation, he himself feels poor, subjugated, and even destroyed. To this ideal object he thus ascribes *intentions* of a humiliating, mocking, sadistic and destructive nature. The origin of such persecutory experiences is generally found in the projection of sadism. This is correct. Nevertheless, the *basic* paranoid situation has its origin in the actual *lack*, brought about by libidinal frustration, or also by the absence or difference of powers. I shall return to this later.

The patient reacts to his ideal-persecutor in two ways: firstly, by attacking it 'from below' and thus annulling the object's power; and secondly—as is shown by the examples in which the patient is the rich one—by identifying himself with the ideal-persecutor and hence inverting the basic situation; his own persecuted, attacked, and despised part is placed in the object, the analyst. I have elsewhere proposed (9) designating this identification with the ideal-persecutor the '*primary manic situation*', for I regard it as the basic and central manic mechanism, since it entails and explains—through the very identification with the ideal-persecutor—the experience of liberation from persecution, of triumph, of omnipotence, the 'fusion between the ego and the ego-ideal' (Freud), the control and depreciation of objects, the hyperactivity and the denial of internal and external reality. I have suggested naming the underlying denied situation the '*primary paranoid situation*', so as to distinguish it from the persecution appearing as a *consequence* of the attacks from below upwards and from above downwards, which might be called the '*secondary paranoid situation*' (see, for example, the persecutory flies as the *result* of attacks perpetrated against the ideal-persecutor: the rich mother-analyst, attacked in her womb-head and its contents, the children-interpretations). In addition, we have seen another consequence of these same attacks: the worry and guilt about the damaged object, i.e. a depressive situation for which I have proposed the name '*secondary depressive situation*'. For I think that the child is only capable of worry and pining about a damaged object, in so far as it has itself experienced damage and pain; only in this way can it project them on to the loved object and identify itself with the latter, that is to say, feel the pain and worry over the harm inflicted. It is beneath the primary paranoid situation (in which the ego is *endangered*), that another situation exists in which the ego experiences *suffering*, and where the child does not feel fear

but *cries and grieves over the damage which the loved ego suffered*. This would be the '*primary depressive situation*'.

II

The psychosexual stage in boys following the relation to the breast is, according to M. Klein, the *feminine phase* (5). I should now like to show the return of one of the conflicts of this phase in our patient's relation with the analyst's activities, with his seeing, understanding, and interpreting, these representing the father's genital potency. The material I shall draw upon plainly expresses aspects of later evolutionary stages, but already being acquainted with the patient's relation to the breast, the oral background, entailing the equation penis = breast and here-with the '*feminine phase*', will show through.

The patient relates the following dream: '*I'm lying on a couch. Ana—my secretary—comes in and I look through her skirt and see that she isn't wearing any panties. I have a feeling of triumph because it's she who's sexually interested in me, because it's she who is running after me.*' Ana, he explains, is a *Viennese* girl, employed in the office of which he is chief. He talks about her with a certain contempt.

During the last session, the patient had shown great reluctance to talk about his sexual life. As a rule, his greatest resistance refers to communicating anything about his wife's sexual behaviour. The analysis of this resistance showed that if the patient were to talk about the details of his sexual relations, this would be felt as the analyst's mocking triumph, thus implying that the patient attributed sadistic *desires* to the analyst, desires to scoff and triumph over him.

The basic situation underlying the dream was the anxiety about becoming the victim of these sadistic tendencies in the analyst. The dream also shows that these impulses were placed in the analyst's penis, for it was against this danger that the patient defends himself with the inversion of the basic situation, i.e. identifying himself with the triumphant analyst and thus looking—through the skirt—at the *Viennese* analyst's sexual life, in whom he places his own feminine part.

In other words, basically, the patient feels attracted towards the father-analyst's penis; but it is a sadistic penis, for by means of this attraction the analyst wishes to scoff and triumph over the patient. Hence the situation becomes persecutory. In the manifest dream, we once again see the defence through the identification with the ideal-persecutor and through the projection

of the patient's own feminine, attacked, and humiliated part, into the analyst. Again it is a 'primary manic situation'. The fact that his greatest resistance concerned telling about his wife's sexual behaviour, means that the greatest danger was that of being seen in his feminine part (that the analyst should look through his skirt), and *being seen amounted to being scoffed at*. The dream showed that to be scoffed at was to be subjugated by a sadistic penis. The rejection of the analysis—the resistances against communicating certain associations or accepting interpretations, etc.—sprang then from the fact that being seen, understood and interpreted, was equated to transforming the danger of becoming the victim of a sadistic penis into catastrophic reality.

Fundamentally, within this level, both the father's penis and the analyst's comprehension and interpretation were—as the dream shows—something very attractive, very valuable, and very much admired. What had transformed the penis (like the breast) into something destructive and persecuting was, in the first place, frustration. This followed from the fact that, in the analytic situation, every frustration of a desire expressed by the patient was felt to be an attack against himself and made of the analyst a sadist. As I have set forth in the above-mentioned paper (9), this originates not only in the projection of the subject's own sadism, but also, and *fundamentally*, in the process inherent in frustration itself, which includes the projection of the aggression (pain) subjectively suffered (that is to say, the projection of the primary masochism on to the objects, according to the degree in which external circumstances have acted upon it). In part, this process transforms the bond with the libidinal object into a 'primary paranoid situation', as it entails the constant danger of being frustrated, i.e., attacked.

Something similar to what happens to the object-relation owing to frustration also happens through envy. M. Klein has shown how envy transforms the good object into a bad one, since out of envy the subject is led to attack it in many ways (7). Observation shows, moreover, that this envious attack is *preceded* by a painful and anxious experience, and it is this pain and anxiety owing to the lack of something possessed by another which causes the hatred against the object. It is, to my mind, this very pain and anxiety which straightaway transforms the object-*imago* into a persecutor, even before it becomes a persecutor owing to having been

enviously attacked. The same holds for greed and jealousy, which also begin with pain and anxiety which the ego attempts to reject by deflecting the destructive impulse outwards. For this pain and anxiety is experienced by the ego when exposed to an increased action of Thanatos (of the *self-destructive* drives), which the ego then discharges, as a defence, against the object that aroused the envy, greed, or jealousy. Before envying somebody, we have placed in him a greater or lesser part of our Eros or libido, for what we envy is always something we appreciate. And this placing of libido within the object is what—in certain circumstances—impoverishes the ego and lays it open to a greater influence from Thanatos, which finds expression in pain and anxiety, in the feeling of depletion, worthlessness, and destruction of the ego. Thus the idealized object is unconsciously felt as being highly destructive and persecutory.

To give an example: A patient who greatly admired his analyst—and, in particular, his gift of understanding—told him he felt that, through his admiration, he was discharging himself like an electric battery. 'And what I most envy you,' he added, 'is this very affection and admiration I feel for you.'

An analyst was told by one of his (female) students in training that, while listening to his interpretation, she had been 'dying of envy' of his capacity to understand. Before feeling this envy, she had listened to the interpretation with pleasure, and, at bottom, it was this ability to give pleasure that she felt so envious of. But before envying him, she had admired him, and, fundamentally it was this admiration, with its inherent placing of a great quantity of libido within the object, that made her 'die', as soon as the desire *to be* this object, i.e. rivalry, comparison, and the painful experience of the object's superiority came to the fore.

To sum up: a *frustrating* libidinal object is experienced as a persecutor (who empties out, robs, etc.), because libido has been placed in it, without the object's counterbalancing the expenditure of libido by the libidinal satisfaction which would return what has been spent (compare with the 'Herzensdieb' or 'lady-killer'). The placing of libido in an object without receiving the desired gratification impoverishes the ego in libido, and simultaneously exposes it in a higher degree to the action of the self-destructive impulses.

Envy is based on a similar experience of lack. On the other hand, envy may be bound up with

gratifying experiences, as M. Klein has pointed out (7); in these cases, one envies the object's capacity to give such satisfactions, this capacity here being what one lacks. As with the frustrating object, so the envied gratifying object is first charged with libido (e.g. admiration), and the ego is again exposed to a greater action of the self-destructive impulses (and it likewise feels this as pain and anxiety preceding the envious hatred). In the case where the object gratifies the subject, the experience of lack is due to the fact that, besides the desire to receive gratifications, a desire exists to be able to give them, to produce such pleasures, and to be thereby admired or loved, while the subject perceives that he does not possess the same power. In other words, in such cases the lack is produced by the appearance of rivalry, and therewith of comparison and the painful and anxious experience of the difference between the subject and the object.

To return to the case under consideration. It was, in the last instance, the intense placing of libido in the father's penis (as previously in the breast), with the inherent frustrations and comparisons and the inherent impoverishment of the ego, that converted this libidinal relation into a 'primary paranoid situation'. The ideal-persecutor penis was represented, in the analytic situation, by the analyst's superiority in understanding. The patient reacted by attacking the interpretation-penis, outside and inside himself, or else he sought defence by means of an identification with the ideal-persecutor. He knew everything better and the interpretations could only be impotent. Both the direct aggressive reactions and the identification with the ideal-persecutor (the 'primary mania') originated 'secondary' depressive and paranoid situations. The latter predominated, expressing themselves, for instance, in an increased fear lest the analyst should wish to impose on him, triumph over him, and destroy him, or in the fear that the analyst might impart errors to him or drive him mad with his own insanity. We have seen how understanding and reason represented genital potency. Having destroyed the analyst's reason-penis, the patient feared retaliation.

III

I should now like to set forth an example which illustrates the return of the *Oedipus complex* in the patient's relation to the interpretation. Various aspects of this situation have been described by the writers mentioned previously. I shall refer then to some aspects that—although

known in themselves—have been but little, if at all, examined as regards their expression in the patient's relation to the interpretation. These situations are, however, of cardinal importance, since the outcome of the treatment—the wished-for change in the patient—depends upon their adequate working-through.

I shall start with a summarized account of the first part of an analytic session with another patient. His main symptom is a serious affective disconnexion from all objects, which also finds expression in an intense inhibition regarding the studies he is at present pursuing. Likewise, his progress in analysis is very slow. His relation to my interpretations was characterized, for a long time, by the absence of any emotional response, and furthermore, by the fact that he frequently did not listen to them, or he forgot them at once. It was only later, after several aspects of this behaviour had been analysed, that he retained one or another interpretation and even remembered it in some subsequent session.

At the session which I will refer to, he arrives ten minutes late. (Formerly, this had been a habit with him, but of late he had been arriving punctually). At first he keeps silent for a while. Then he speaks of having the thought that in this session it would be the analyst who began to talk, telling him that he was putting a stop to the analysis; he adds that he had to choose his words carefully, so as not to say that the analyst would *throw him out*. (During the last session, he had told me that his studies were going badly, and that the professor had drawn his attention to the fact that he had not opened his mouth all the year. He fears they will not let him continue studying). I interpret that my supposed anger must be his own anxiety and annoyance over that part of his personality that opposed me, does not care about me, or—in his own words—has hostile feelings towards me, and expresses itself in his disconnexion and in his being unable to learn from me. The part of his ego which feels anxiety and anger with the other part and wishes to 'throw him out of here', is the part which has affectionate feelings towards me and wants to free me from the other part. The patient responds affirmatively to this interpretation and relates the following dream he has had the night before.

'I enter, together with my mother, a room where my father is. I am embracing my mother. My father is looking severe, as if he were angry, at my mother, because she has arrived late. I want to protect her with my embrace.' The patient adds at once that he never embraces his mother and certainly not in such a frank way as happened in the dream; neither does he believe that he ever embraced her in this way as a child.

If we regard the foregoing material as associations belonging to the same conflict expressed in the dream, the latter may now be interpreted. The dream concerns the affective relation to the analyst, represented by the father. The patient feels the mother as being within him, and feels that he is embracing her: it is his feminine part—in his phantasy, his mother—which he is actually embracing, holding away from me, thus delaying the meeting, the union with me. The psychological reality is that he—as a jealous and envious male—does not allow the mother within him to unite with me, and hence I appear angry. The patient forms inside himself the mother-son couple (his feminine love is directed onto himself as a male), and he does not let the mother love the father-analyst.

We are first of all confronted with the problem of where the patient's experience of carrying the mother inside him, while embracing her, comes from.² A series of associations about the primal scene and the persistence of the phantasies about the analyst as *father* (and the simultaneous rejection of the *maternal* transference) point to the following origin. His own feminine feelings (in particular his feelings of love and admiration for the father and his libidinal desire towards him), had originally been projected on to the mother, which brought about the imago of a mother that loves, admires, and desires the father. In front of this situation in which the child had felt deprived of maternal affection and was jealous and envious of the father, he withdrew from the latter his positive (feminine) feelings and directed them towards himself. The equation 'I am the mother' (which has basically sprung from the unconscious perception that what he imagined about the mother was really his own feelings), was subsequently reinforced by a re-introjection of the mother imago, when—owing to his anxiety at being unable to control the real external mother's feelings towards the father, and, in the last analysis, to his anxiety at being unable to prevent the sexual union of the parents—he took refuge in the defensive phantasy, 'I am the mother (and she is not).'

Thus he was internally able to control the maternal feelings, by keeping her in his embrace

and preventing or 'delaying' her affective and libidinal meeting with the analyst-father. In this way, the 'I am the mother (and she is not)' was also equivalent to 'I have the mother (and he, my father, has not)'. Hence the affective disconnexion in regard to the father-analyst and in regard to his interpretations (study), and hence the fear of the father-analyst's anger at his 'tardy' feminine part.

The patient was indeed late for the session. In the dream he anticipated it ('prophetically') with the presentiment of his delay, which was basically due to his desire to keep the mother (within him) separated from the father (to prevent their union, to defend himself against the primal scene between the mother within him and the father-analyst), and which was secondarily due to his fear of the father's anger at his oedipal behaviour, already evinced in his rejection of his studies and his closing up against the interpretations.³

We are thus faced with the following psychological situation: At bottom the analyst is the united couple which represents everything desirable, every pleasure, every kind of power and wealth to which the patient at first directs his admiration, love, and desire, and therefore—as they, and not himself, are the ones who have it—all his envy, jealousy, greed, rivalry, and hatred too. The painful experience of lack underlying the hostile feelings contained in the envy, jealousy, etc., transforms the united couple (as shown by the analysis of jealousy in general) into persecutors (e.g. into 'murderers').

Faced with this persecutory situation, basic within the oedipal level (or faced with this '*primary paranoid situation*' for it springs from the lack itself), the patient defends himself—as pointed out by the material presented—by means of the introjection of one of the two persecutors, the mother. But as he is now the one who embraces the mother—while the father is the excluded third party—we understand that the patient has also identified himself with the father whose place he now occupies, while he puts the father in the place he formerly occupied himself. The patient is now mother and father, *he is the united couple*. Thus, once again we find the *identification with the ideal-persecutor*—only

² In view of the reality of the patient's conduct, I feel tempted to substitute the word 'fact' for 'experience'. For, psychologically considered, the introjection that led him to his present situation is not a phantasy but a reality (see below).

³ The same situation also influenced other aspects of his behaviour in the analysis, as for example, his manner of giving associative material. However, the different aspects of a patient's conduct in the analytic situation are

frequently determined by *different* aspects of his psychological complexes. Another patient, for example, used to offer material generously, but kept hermetically closed against the interpretations. One of the causes of this conduct lay in the fact that speaking represented the (accepted) masculine attitude while listening represented the (rejected) feminine one. It is plain that in the analytic situation (just as Freud said of coitus) we are always—on the oedipal level—not two but four people.

that here it is composed of two imagos: the united parents—and so once more we have the ‘fusion of the ego with the ego ideal’ (Freud), the denial of inner and outer reality (‘I am the mother, and the father, and they are not’), the control over the couple whose union he magically prevents by himself being and embracing the mother, the triumph over the persecutors (especially over the father), that is to say, once again we have before us the *central manic mechanism*. The oedipal phantasy, properly speaking, the union of the boy with the mother, as it is basically carried through in the *masturbatory phantasies*, appears then (within the oedipal level) as the ‘*primary manic situation*’. As a consequence of this (accomplished through his conduct in the analytic situation) *guilt feelings and persecutory anxieties* then appear (the angry father is going to throw him out), i.e. the ‘*secondary depressive and paranoid situations*’ appear. In this situation we then observe the return of what was rejected, the partial return of what the patient had wished to avoid by means of the manic mechanism, in identifying himself with the mother, for he carried out this identification in order to avoid the ‘primary’ persecution by the united couple (springing from the lack, and equivalent to the danger of being castrated), and in order to avoid the hatred and direct attack against the couple and to avoid the subsequent guilt and retaliatory persecution.

This whole succession of situations of pain, anxiety, and defence on the oedipal level, found expression in the patient’s relation to the interpretations, resulting in his not listening to them, his forgetting them, etc. This affective closing up is, at bottom, his oedipal embrace with the mother (and the latter’s coming late to meet the father). In this way then, the patient perpetrates the oedipal crime in the transference, defending himself, at the same time, against the primal scene to which he would be exposed if he admitted that the mother within him (his feminine feelings) were to unite libidinally with the analyst, with his interpretations, the latter being the expression of the father-analyst’s (sexual) potency.

IV

I would now like to present a case which I was able to observe over a long time in my supervision work. This case will show a series of infantile conflicts—on various levels and aspects of the psychosexual evolution—as they appeared through the relation to the interpretation. At

the same time, some causes of the negative therapeutic reaction will be studied, which was nevertheless overcome to a certain degree, above all by means of working through the transference conflicts.

The patient is a young woman, 32 years of age, a teacher, whose main problem consists in her extreme difficulty of relating herself to men. Consciously she thinks that no man will love her because she is ugly. She lives in a constant state of anxiety which she refers to her solitude and to the impossibility of this situation ever being modified.

However, the analytic situation shows a rather different picture as regards her interpersonal relations. In the first place, it is not the analyst who rejects her, but she herself who in certain aspects rejects him constantly. She comes to her sessions regularly, but already in communicating her associations she has to struggle with a considerable resistance. Her difficulties come to a peak in her relation to the interpretation. A latent rejection of them exists already *before* the analyst begins to speak, rejection which the analyst clearly perceives in his countertransference. Once the interpretation is given, the analysand rejects it in one way or another: with a contradicting ‘no’, with a ‘yes, but’, with silence, saying that she feels nothing, or overlooking it in her ensuing associations. Analysis of these responses showed the following underlying situations:

(i) To accept the interpretation meant, on one level, to unite with the father-analyst, and represented the realization of the oedipal crime. It could be seen, for instance, that the patient did not ‘seize’ (as she said) or did not feel the interpretation, because it was equivalent to ‘seizing’ or feeling the father-analyst’s penis; this (as she showed in dreams) would have led to the mother’s despair and suicide, since the mother would thus lose her two most loved ones (through the union between her daughter and her husband). In other terms, to accept the interpretation was equivalent to the realization of certain masturbatory phantasies which implied the mother’s death.

Really to receive the interpretation and admit that it really bore fruit in her, also meant conceiving and giving birth to a child, fruit of incest.

(ii) The patient defended herself from realizing the oedipal crime through constantly rejecting the father-analyst or more exactly (since it was a partial rejection), through rejecting the interpretation-penis. One of the consequences of this repeated defensive aggression was the feeling of having castrated or damaged the father-analyst, with the depressive and paranoid anxieties implied therein. In each session in which rejection gained over the analyst’s attempts at overcoming this difficulty, the patient introjected and then carried away a castrated and furious father, that is to say, a persecutor. Her consequent anxiety was due to this internal persecution.

Within this level, the pathological benefit consisted in being free from guilt and persecution in relation to the oedipal mother. Each session was an alibi, proof of her innocence.

(iii) The situation outlined before can also be described in the following terms: The analysand carried within herself a mother-imago opposing her acceptance of the interpretation-penis with violent threats. The unconscious perception of this maternal opposition—equivalent to the perception of the danger of remaining alone as a woman—roused an intense and continuous anxiety. On a deeper level, this maternal imago was she herself, opposing the parent's sexual union, owing to jealousy and envy. In the analytic situation, these hostile feelings were then as much directed against the interpretation-penis as against her own feminine part, which in her unconscious also represented her mother. This could, for example, be seen through a dream in which the patient rejoiced over the impediment of a marriage between a man, who represented the father-analyst, and a girl, who represented her (only) elder sister and—consciously—victorious rival in the struggle for the father's love. Upon this sister she had placed the mother's sexual part, but in the last instance, her own sexual oedipal part as well. The dream was determined by a session in which she had undone all the analyst's attempts at making her accept his interpretations. In this manner she had prevented the marriage between her father-analyst and the mother inside herself, i.e. between her father and herself. (The manifest dream calms her latent anxiety by denying that the 'marriage' in question was her own.)

(iv) Nevertheless, the rejecting attitude towards the interpretation, on the oedipal level, also had other motives. In addition, the interpretation represented the 'not-penis', that is to say, the frustration of her genital desires and of maternity, since according to the patient it 'merely consisted of words'. Therefore, the rejection of the interpretation also was the expression of her hate and revenge against the father, because he had not satisfied her sexually. It was as if the patient, as a child, had become stubborn, and now said, through the rejection of the interpretation: 'Since you, father, did not give me your penis or a child, since you rejected me as a woman and thus made me suffer so much, I am going to reject you in whatever other thing you will want to give me, and thus make you suffer. I do not want to receive anything from you unless it is the penis and the child.' The patient then despised the interpretation, because it was not the penis (at bottom because it was the *frustrating* penis), with this contempt avenging the sexual frustration she had suffered, and the contempt this had meant to her. She induced and seduced the analyst to interpret,

castrating him afterwards in the same way in which she had felt induced and seduced to desire the father, later on feeling herself 'castrated' as a woman.⁴

(v) The father thus attacked—in need of defence or for vengeance—was transformed (as pointed out) into a damaged and persecutory object. This situation increased her anxiety and distrust of the interpretation, and her rejection too, since she attributed destructive intentions to it. On the other hand, affectionate concern for the damaged father emerged, as well as tendencies towards reparating him and restoring his confidence in himself, by means of helping him in his analytic work.

In addition, the persecutory paternal image had another origin: it was an ego-imago, *it was the patient herself, attacking her mother*. As soon as she identified with the mother, i.e. as soon as she adopted a feminine position (for example towards the interpretation), she ran the same risk of being attacked. This is shown by a dream in which *she has to go through a gynaecological operation: with great anxiety she rejects the surgeon who was going to perform the operation, urgently asking for another one*. The two surgeons, the good and the bad one, not only represent the loved and hated father-analyst, but also the patient's own love and hate towards the mother and her womb. In front of her guilty feelings and the fear of retaliation, which had roused the perception of her hostile impulses towards the mother, she had defended herself by projecting them on to the father (origin of the sadistic primal scene). Now that analysis was raising her feminine desires again—in the transference—she ran the same risk of being the victim of the father's attacks. Her fear and distrust of the interpretation is therefore due to her having placed her own ambivalent impulses towards the sexual mother on to the father-analyst (surgeon).

(vi) Difficulties in accepting the diverse contents of the interpretation were added to the conflicts thus far presented. The interpretations can be differentiated, roughly speaking, into those which showed the patient's struggles with her aggressive feelings, and those with her feelings of love. The former were rejected because guilt feelings referring to aggression were difficult to bear, and because they increased the feeling of object loss (loss of the analyst). The latter were rejected owing to the same guilt feelings, that is to say, because the patient felt she did not merit them, or because they meant the incestuous union with the father-analyst (since they implied loving and feeling loved), or because the acceptance of the affectionate part involved feeling guilty.

(vii) The universal conflicts described until now were manifested with special intensity and specific characteristics in this patient, thus conditioning a negative therapeutic reaction to a high degree, during

⁴ *Penis-envy* also appeared clearly in her conflict with the interpretation, but predominantly as a masculine defence against her anxiety of being a woman. Under-

lying her envy of the father was her envy of the mother, and especially of the maternal breast. We shall deal with this conflict later on.

a prolonged time. We must therefore consider some specific aspects of her infantile conflicts, as well as their expression in relation to the interpretation. The intensity of her rejection of the union with the interpretation was, on the one hand—as I have pointed out—equivalent to the intensity with which the patient had opposed the parents' union. On the other hand, it was equivalent to the intensity with which she had, at one time, turned towards the father, and the corresponding violence with which she had withdrawn from the mother.⁵ She now had to suffer the same loneliness to which she had once condemned her mother. This became evident, for example, through her phantasy that the analyst—in her own words—'did not care a hoot for her', a phantasy which had its origin in a situation in which her father was everything to her, while she 'did not care a hoot' for her mother. This situation, in which guilt regarding the mother was intensely repressed, was made 'real' in her masturbation (and its ulterior equivalents); the intense sensation of masturbatory pleasure increased the feeling of reality of these manic phantasies. In correspondence to the mother's total exclusion from her feeling (which includes, as we shall still see, the mother's loved imago and the affectionate feelings towards her being split off and intensely denied), the patient had split off every hope for herself as a woman. This hope for a positive future of her own, and her own life instinct were split off and placed—on one level—on to the analyst and his interpretation, from which she had to remain totally separated. What is more, in each session she had to paralyse, annul, attack, and destroy the interpretation over and over again. Thus she was projectively identified with Eros or the life instinct, placed on the interpretation (latent or manifest), and on attacking it, she attacked her own existence and life as well, together with the loved object, source of her life. Hence her terrible anxiety when the analyst posed the analysis's eventual interruption—at the peak of the negative therapeutic reaction—since it (apparently) was of no use to her. As I said, truly her own hope—and the man (father) she awaited—was placed (although in a paralysed fashion) on the analyst and his interpretation, though at the same time this hope would never be realized. Superficially, she had 'yielded' life and sexual capacity to the parents-analyst, and remained subjected to the situation of the child excluded from pleasure.

(viii) In this situation the analyst acquired the meaning of the parents sexually united, and the interpretation was the expression of that union, or

of its fruit. The jealous hate, envy, and greed in front of the united parents, and of their capacity to bear children, was then directed against the interpretation. A dream in which *the patient devours a girl (prepared like a fillet of fish)*, shows this greedy hate. In one aspect, the girl is the patient who devours herself (for example, 'swallowing' many of her associations), owing to the envy which the parents' happiness at having such a daughter causes her. In another aspect, the girl represents every product of the analyst (of the united parents), especially of his interpretations, which are 'swallowed' in a similar manner, 'without leaving any trace whatsoever' (according to the patient's associations with the crime of the dream). The act of devouring is at the same time a manic victory, a taking possession of the product of the parents' sexual and creative potency, and a destruction of them (of the breast, penis, child, etc.). Firstly, this situation is an inversion of the basic one, in which the analyst has all the riches, while the patient remains with the lack, the need, and the desire. In the manic situation (once the girl is swallowed) the analyst depends on the patient, but at the same time this is accompanied by persecutory anxieties or by intense guilt feelings. The above-mentioned dream shows the latter, since it continues in the following manner: *The patient feels terribly guilty regarding the parents of the devoured child: she calls on the analyst who nevertheless rejects her excuses, and declares the crime committed unforgivable.* Thus we understand why the patient, as an ulterior defence, inverts the situation again, placing every satisfaction and power on the analyst, and renouncing all hope for herself. In this fashion she frees herself of all guilt. By means of intense splitting, her own hope and desire for progress are placed on the analyst, his every attempt at integrating this part in the patient being rejected.

That which was originally rejected thus returns, since the situation of lack returns, which is experienced as persecution (as long as a wish for life is still maintained through projective identification) and which is experienced as death (when—apparently—every libidinous impulse ceases). We are, therefore, once more in the presence of the succession and stratification exposed above, which—in terms of tendencies—has been described by Freud in the succession of *primary masochism* (which implies the 'primary depressive and paranoid situations'), of *sadism* (which implies the 'primary manic situation' when the death instinct is turned towards the objects, and consequently, the 'secondary depressive and paranoid situations'), and of *secondary masochism*

⁵ On their part, these emotional intensities require an explanation. But on one side, this problem is somewhat removed from our central subject, and on the other, I would be unable to say anything regarding them that has not already been expressed by Freud, by M. Klein (5), (7), and by other authors. For instance, the intensity with which the patient rejected the parents' union was based on a strong intolerance of sexual lack, and this on an

intense constitutional masochism. On the other hand, her masochism was secondarily reinforced by the real support which her guilt feelings obtained owing to certain external events. Thus, for example, the fact that her mother could bear no more children (owing, moreover, to the patient's birth), reinforced her phantasy of having destroyed the mother's womb in her attacks against the united parents.

(which implies a freeing from guilt and retaliative persecution, and therefore a 'secondary manic' experience, but at the same time—since the situation of lack returns—it represents a return of the 'primary depressive and paranoid situations' in the defence).

(ix) Through the patient's relation to the interpretation, three infantile situations, of special importance in this case, will now be shown as examples. The first is a depressive situation, followed by a manic one, and finally by a paranoid-schizoid situation.

In a dream, *a horse appears, approaching a mare with amorous intentions. Upon coming closer, the horse draws back with horror because it sees that the mare's head is cut off (horizontally): the whole upper part is missing.* The patient's associations indicate that on a superficial level, this dream expresses her phantasy that in her presence any man would draw back with horror, upon seeing her destroyed womb (according to the retaliatory phantasies, etc.). Underneath this phantasy lies another one: the infantile phantasy of herself having destroyed the maternal womb. This depressive anxiety had become actual in the days preceding the dream, owing to her feeling of having attacked the mother-analyst's head, of having cut off his brain, and thus of having destroyed his every capacity to bear interpretation-children, by means of her attacks against his interpretations. Fundamentally it is therefore the patient who draws back with horror from coming into contact with her destructive work. As a defence against this depressive feeling, she identifies with the attacked mother-analyst, placing her horror, her guilt feelings, and her depressive sorrow on to him (see v).

The patient comes to the session one day, very amused by the news she has just read in the papers: some scientists demanded that the moon be declared free and independent. 'How absurd', she exclaims, the moon belongs to whoever sees it! . . . In their unlimited eagerness for possession men are like that, pretending to invade the whole of space! These associations also referred to the transference situation. In those scientists she rejected her own part which has already taken possession of the whole world, i.e. of the parents-analyst; she carried them within her, having devoured them (as the girl of the dream), and rather considered the analyst's supposed pretension of having an independent existence, outside of her, absurd. In succeeding associations, she criticized a woman for the rigidity with which she abode by the ideas a man had transmitted to her; moreover, the patient criticized this man for his omnipotent behaviour. When the analyst points out that she criticized her own mental rigidity in that woman, she replies that this is true, but at least it is her own ideas she is clinging to so stubbornly. That is to say, she carries the man, creator of ideas, inside of herself at the same time. She is at once man and woman, the united couple, fecundating herself and giving birth to her children. It can be understood

that this manic phantasy and behaviour, by which she is everything, nullifies the analyst's existence, making his interpretation superfluous. On certain occasions, it was clear that she rejected an interpretation because it was the analyst and not herself who expressed it; at other moments, when the patient had had the same idea, she had accepted it fully. In this way, the patient tries to defend herself in face of the basic situation, in which the analyst is everything, and in which she attacks him, enviously and jealously. But it can also be understood that, in its turn, this manic behaviour leads to depressive and paranoid feelings, due to the abolition (destruction) of the analyst's existence.

Little by little, a change was brought about by means of the constant analysis of these situations in the transference, and in the patient's relation to the interpretation. As I have already mentioned, the patient's ultimate defence (the most superficial but also the most intense one), consisted in declaring herself definitely excluded from life as a woman. By virtue of this mechanism, she remained the victim, while the parents-analyst, and especially the mother, could be pointed out as the victimizers. By splitting off the mother's good image, the patient could maintain herself free of guilt feelings regarding her. The before-mentioned change is already announced in the following dream. *She sees her aunt—whom she describes as being extremely sweet and affectionate—and somebody does not let her pass a fence. The aunt's situation is highly precarious, which causes her great sorrow. The patient promises to do everything she possibly can to help her.* She awakens from this dream with an intense feeling of guilt, a feeling which she could not perceive during a long period of her analysis. In her associations, she says that in reality her mother had cruelly harassed this aunt (the mother's sister), and adds that the mother's behaviour was surely due to her guilt feelings for having everything herself (husband, children, money), while the aunt, after a short and unhappy marriage, was destitute and lived alone.

In one of her aspects, the aunt represented the analyst, who in those days had been felt as 'sweet and affectionate'. The fence represented the lock with which the patient opposed him internally. On the other hand, the aunt represented the patient's own 'sweet and affectionate' part, which she kept excluded, 'fenced off' (split off) from herself in her relation to the analyst. Historically, the aunt was the mother's split off good image, or more precisely, as is shown by the word 'sweet', the image of the good breast. In this manner, some of the patient's relations to the breast reappeared in her relation to the interpretation. The splitting between good and bad breast, and the corresponding splitting between love and hate, can thus be seen. Love for the breast had been kept away from the transference, every interpretation being considered as lacking value and goodness, since in this way the patient could maintain herself free of guilt regarding the mother-analyst. This is

shown by the irruption of guilt following the dream, i.e. when love and the good image of the 'sweet' breast were reintegrated through the 'affectionate' interpretations.

(x) Thus we arrive at the patient's deepest conflicts with the interpretation: her conflicts with the breast. In closing, I would like to present a dream which shows some decisive aspects of this relation.

'I am buying a brooch for my blouse from a communist woman (who sells things). The brooch consists of many little stars which have an extraordinary brilliance when seen in daylight. The brooch is owl-shaped. The woman has two brooches, a big and a smaller one. I buy the big one.'

Associations: 'My father has a certain sympathy for Communism. Ana (an elder friend of the patient) is a communist. Doctor X (a woman psychologist) has communist tendencies. The day before the dream I went to the movies with my father, which I had not done for a long time. In the newsreel we saw the Sputnik. A luminous point could be seen, passing through the starry sky.

'Mary (a girl who makes ceramics) did not work for a long time. Now she made something again; some animals, among them an owl . . . the owl sees at night. . . . I met Mary some years ago; she used to be very pretty, but now she is not as pretty any more. During these last years she was, psychologically, in a very bad state; she had many conflicts with her mother.'

Interpretation: The woman in the dream is the mother-analyst (the wife of the father with communist sympathies, the communist psychologist). She is also Ana, the childless woman, with whom the patient alludes to the analyst, in as much as he did not have her for a daughter, in as much as she refused to be her mother's daughter. The stars are the good interpretations, which 'have an extraordinary brilliance when seen in daylight'; they were felt as wonderful creations, like the Sputniks of the Russian Communists. In their totality the interpretations are like an owl, because 'they see in the night' of the unconscious. The patient is like Mary, not as pretty any more, owing to the conflicts with her mother. But, the same as Mary, she is 'working again' in her analysis, i.e. she loves her analyst once more, giving him life through feeling, appreciating, and even admiring his interpretation-stars, and recreating him in this way (which is equivalent to creating a child or a mother). She buys one of the two brooches for her blouse, that is to say, she acquires one of the mother-analyst's breasts for herself. She chooses the bigger, the analyst remaining with the smaller one; just as in the session preceding the dream, she had

compared herself to a woman—a famous woman analyst's patient—who, owing to a great success, had fancied being more than her spiritual mother.

The dream thus shows that the interpretations are felt as the breast's 'wonderful' aspects and contents, and that the capacity 'to see at night', to discover the truth, is equated to the breast's life-giving capacity. Admiration for the breast is the basis for the admiration of all creative capacity, as M. Klein has pointed out (7). The patient felt herself to be a bad daughter (or no daughter at all), as long as she did not want to recognize the goodness and capacity of this breast (the stars only shone if held to the light). She already knew this breast was good, but she wanted it for herself, and thus to excel the mother-analyst.

At the beginning, the patient experienced this interpretation with great pleasure. Her first reaction was to marvel at what the analyst had been able to see through her dream. But this feeling disappeared immediately, to be replaced by pessimistic ideas about her condition and her future. The admiration for, and the good relation to, the mother-analyst was again interfered with by her rivalry and envy, as can be understood through the dream. Moreover, to accept fully the analyst's goodness would have meant to endure the weight of her guilt feelings. This was made evident through the fact that the patient soon turned to new accusations against the analyst, and the uselessness of his interpretations. She declared herself 'fed up with them and with women in general'. On showing her that she had so soon transformed the food the analyst had given her, and which she had liked so much, into bad food, she continued her accusations, saying that the mother had always given her milk together with blood (referring to a real event). But it was clear that in this defence against her guilt feelings, guilt due to her hostile feelings towards the mother returned. Her hostile feelings towards the analyst—represented in a dream of the following night by a tiger-cub which demands human flesh—in fact also transformed the interpretations into a mixture of milk and blood.

Little by little, the most important infantile conflicts were thus worked through by means of the analysis of the patient's transference relation to the interpretation. At the same time and step by step—although with setbacks too—important changes in the relation to the interpretations were reached, which made their better acceptance and assimilation possible. In this way the negative therapeutic reaction was favourably influenced, anxiety diminished, and the basis for better relations with internal and external objects was created.

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THE ANALYSIS OF A PARANOID PERSONALITY¹

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I

Recently, on rereading my paper on the 'Function of Words in Psycho-Analytical Treatment', I noticed for the first time that almost all my clinical examples were taken from one patient, a woman whom I had in analysis from 1948 to 1952. In this present paper I shall give some account of this patient and describe certain aspects of her analysis.

There are, of course, certain disadvantages in reporting a case six years after the end of treatment, but these will, I hope, be compensated for by my having in the meantime acquired sufficient distance to be able to present both her and my contribution to the analytical relationship with reasonable detachment. As Miss Y was a person who tended to evoke very strong reactions in everyone who had dealings with her, the detachment given by the passage of time is perhaps of particular value in the present instance. I have, however, made no attempt to conceal my own emotional reactions, as I believe that by including them I shall give a truer account of the dynamics of the analytical process than I should were I to present myself as having been a detached observer throughout.

II

The story of Miss Y's analysis begins two years before she came to me for treatment. She was at that time in her mid-thirties, an unsuccessful actress living an insecure and Bohemian existence. Quite suddenly she became depressed and withdrew completely from her previously very sociable life. During her 'breakdown', as she called it, she experienced various peculiar changes in her moods and perception of reality. These she observed and recorded, using them as the material for a self-analysis which she conducted for the next year. As her only guides she relied on the only two books on psycho-analysis she had ever read, Theodore Reik's *Ritual* and Wilhelm Reich's *Character Analysis*. She also occasionally talked on the telephone with two doctors whom she had known when they were medical

students and who both had shown a passing interest in psycho-analysis. On the basis of her introspective findings, and armed with what we should consider somewhat inadequate theoretical support, she undertook not only an independent self-analysis but also the construction of a new system of psychopathology. Unfortunately, she never put down on paper any definitive statement of her system, but during the first few months of her analysis with me I came to know it intimately. So far as I could see, it was entirely logical and self-consistent and, apart from its not being true, I could find only three flaws in it. First, it was based on only one case. Secondly, it attached no significance to any experiences after the age of three months. Thirdly, it took no cognisance of guilt. In all other respects it conformed to the usual pattern of recognized psychopathological theories and took account of both internal and external reality, of stages of libidinal development, and of libidinal fixations and the transformation of infantile libidinal drives into non-sexual social and artistic activities. Her three stages of libidinal development were (a) uterine, in which the relation to the mother was mediated by auditory, tactile, and postural channels; (b) birth, which was a 'traumatic' stage leading to 'paranoid' anxieties particularly associated with visual and thermal sensations; and (c) oral, in which the relation to the mother was mediated by the mouth and all other bodily organs with the exception of the genitals. The phenomenon of love was associated with this third stage, and under ideal conditions of development played no further part in human relations after this stage was passed. This, to her mind, was her one really original contribution to psycho-analysis, the discovery that all love is 'infantilistic', as she put it. In her view, really mature sexual relationships contained no trace of love, and in her own sexual relations fore-pleasure was only permissible as a regrettable concession to the immaturity from which her partners, all unfortunately unanalysed, inevitably suffered. Sexual relations were, however, not purely sensual acts—sensuality was, indeed in her view masturbatory—but were experiences of 'transcendental harmony' produced by the interchange of electrical energy. It would, I think, be a mistake to dismiss these ideas of hers as nonsense. Once one

¹ Paper read before the British Psycho-Analytical Society on 1 October, 1958.

has cut one's way through the semantic confusion centring round her use of the word 'love', one can see that she was struggling to formulate an insight about the qualitative difference between genital and pregenital love. Her theories had extensive ramifications, but for the moment I shall give only two other details. First, she held that all sublimations have their origin in some specific aspect of one or other of her three stages, music, for instance, being derived from the primary pleasure of listening to the pulsations of the umbilical cord. Secondly, she had discovered the existence of psychically real internal figures; these she called 'effigies' for reasons which will become apparent later. Miss Y had absolute conviction of the essential truth of her system, and this conviction had exactly the same basis as has ours in *our* analytical theories; her experiences during her own personal analysis.

After about a year Miss Y came out of her depression and decided to have treatment with a psychoanalyst. She knew that analysts, like all other bourgeois professional people, charged exorbitant fees for their services, so she set to work to save money and to get a well-paid job acting, with a view to seeing an analyst during the middle of the day, when, she surmised, they probably have difficulty in filling their vacancies. After a year she had saved about £150 and had got a part for which she was paid £25 a week in a show that promised to have a long run. She then got into touch with one of the doctors I mentioned earlier, who referred her to me with a diagnosis of phobia.

Her conscious reason for seeking analytical treatment was *not* that she had realized she was seriously ill. On the contrary, she believed that she had much more to give analysis than analysis had to give her. The reasons she gave during the first few weeks of analysis were:

First, she wished to become a child analyst, believing that the insights she had obtained during her self-analysis would enable her to make original contributions to the theory and practice of child analysis.

Secondly, she intended to become physically immortal. She had discovered that physical illness and ageing were caused by the 'paranoia' engendered by a traumatizing and hostile infantile environment, and she therefore concluded that thorough analysis of her reactive sadism and conflicts would eliminate the otherwise inevitable tendency to decay and death. She rather reluctantly admitted her inability to carry out unaided the complete analysis necessary to ensure immortality, so she decided to enlist the help of a classically trained analyst, fully realizing, of course, that *his* limitations would have to be made good by what *she* taught *him*. Since the ultimate goal was physical immortality, she could afford to envisage an almost interminable analysis. However long it lasted, it would be short in comparison with the ultimate reward of life eternal—for analyst as well as herself. She had never encountered

anyone who was prepared to take these ideas of hers seriously, but she did not herself consider them particularly outrageous or original. She thought she was merely drawing an obvious logical conclusion which conventional analysts, with typical bourgeois cowardice, had been too frightened to face. So far as I know, she was unacquainted with the notion of the death instinct; the pathogenic factor which she hoped to eliminate by complete analysis was the paranoia induced by the sadism of the infantile environment.

Thirdly, she wished to be relieved of a pain she experienced during sexual intercourse. This pain was unilateral and occurred only with deep penetration. She had already been informed by a competent surgeon that it was indubitably of organic origin and that it could be relieved by a lower abdominal operation. She was not, however, prepared to accept this, the whole idea of surgery being anathema to her.

Miss Y did not mention her ideas about physical immortality during her initial consultation, quite consciously withholding them until she felt I was fully committed to continuing her treatment. At the time I accepted the referring physician's opinion that she was a suitable case for psycho-analytical treatment without question. My first impressions of her were of her determination to have analysis, her tremendous tenseness, and her bewilderingly complex mode of speech, which last I shall describe in detail later.

III

Two details of the initial consultation proved later to have contributed significantly to the dynamics of the analytical relationship, even though at the time they passed unnoticed by me.

When we came to discuss fees she told me about the money she had saved and that she was at present earning £25 a week. I then asked her how long she expected the show to last and how much of the year she usually spent 'resting', thereby using the common stage euphemism for 'unemployed'. She said perhaps six months a year, so I suggested we discuss fees on the assumption that she earned £12 not £25 a week. I had correctly guessed that £25 a week was considerably more than she was accustomed to earn, but I entirely failed to realize that I had confronted her with an attitude towards money which ran counter to all her preconceptions about professional people. She had assumed without question that analysts were ruthless in their pursuit of fees, and that I would fix hers without any regard to her circumstances. The fact that I enquired carefully into them and took account of them when deciding on the fee I should charge had, therefore, the effect of undercutting one of her most cherished grievances.

I became aware of another significant feature of the initial consultation when I found it necessary to investigate my own counter-transference. I then realized that Miss Y had very effectively dared me

into undertaking her analysis. By presenting herself as a difficult case and as having made strenuous exertions to make treatment possible from her side, she had appealed both to my sporting instincts—a phrase, incidentally, she would have found highly offensive—and to that counter-phobic tendency which makes one determined to undertake a task just because it has been presented as difficult. I learnt later that games of daring had been carried to hair-raising lengths in her childhood and that she had retained into adult life an exceptional capacity to accept physical risks. At one time she had earned her living in a circus riding on the pillion of the motor-cycle that circles the Wall of Death. By daring me in this way she evoked a determination to penetrate her defences which, in alliance with her own determination to be analysed at whatever cost, helped to overcome her equally great determination *not* to abandon any of her defences. The importance of this lies in the fact that her analysis turned out to belong to the not uncommon category which raises the question of why the analyst commits himself to the treatment of a patient from whom he cannot expect the usual economic reward.

IV

Miss Y was small and slight, but her marked presence made her appear taller than she was. She was strikingly good-looking, though the effect was marred by her tense expression and posture. She spoke in a low, harsh, or husky voice. Her clothes were either untidy to the point of sluttishness—my receptionist nicknamed her the Gypsy—or exotic to the point of being bizarre. She was intensely interested in her effect on other people, but made no attempt to appear smart or fashionable.

At first I often had considerable difficulty in understanding her highly individual mode of speech, and I had therefore to analyse it in some detail. It contained the following five peculiarities: (i) She made her own choice of prefixes and suffixes, always, for instance, saying 'comatic', not 'comatose'. (ii) She gave words private meanings that were remote from and yet obviously somehow related to their accepted meaning. 'Comatic', for instance, meant lethargic, intellectually lazy, unawakened. (iii) She had a number of favourite words which she used in unusual or old-fashioned senses. One of these was 'reactionary', which meant sensitive or responsive. (iv) She had invented new words and appropriated a number of already existing words to signify various intra-psycho phenomena she had encountered during her self-analysis and for which she had had no words in her pre-breakdown vocabulary. The most striking example of this was the word 'effigy' to describe an internal object. (v) She preferred abstract to concrete modes of expression and avoided metaphor, preferring to restrict her vocabulary to words which have lost all apparent connexion with any concrete object or activity. This was the crucial disturbance, and its cause became clear in the light

of her reactions to the use of metaphor by myself. It then became obvious that she had difficulty in distinguishing between the literal and metaphorical meanings of words, and between words and the concrete objects they signify. If, for instance, I used the phrase 'getting something off one's chest', this evoked the sensation of something on her chest weighing her down, not the idea of unburdening herself. My use of this phrase was taken as a sadistic attack, a deliberate attempt to make her feel a weight on her chest. I am not sure to what extent this difficulty existed in her everyday life or how much it was exacerbated by regression during the analytical session.

She herself tried to maintain that the difficulties in verbal communication that sometimes arose between us were due to her American upbringing and that she was unfamiliar with idiomatic English. This was quite untrue, as for various reasons I insisted confidently from the beginning, and I later learned that all the significant figures in her childhood had been brought up in England and had all clung militantly to their English middle-class accents despite long residence abroad. The real reason for her conviction that she could not understand English and that I could not understand her expatriate speech was her unconscious belief that there had been an irreparable break in the channels of affective communication between herself and mother-figures which no words, not even those of her mother tongue, could ever bridge.

Although I became in time familiar with the idiosyncrasies of her speech and knew, for instance, that 'reactionary men have no sense of structure' had nothing to do with politics but meant that sensitive men are incapable of lasting personal relationships, I deliberately refrained from making more than the minimum amount of accommodation to them for fear of becoming involved in a linguistic *folie à deux* which might make it harder for her to work through her hostility to the uncomprehending mother-imago. I am not altogether sure that I was right in adopting this policy.

Some of her neologisms were amusing, but quite unintentionally so. A Lowerarchy was a hierarchy viewed from above—those of us who are not at the top of course usually view hierarchies from below. She once, again quite seriously, said: 'Annoyed? I was paranoid.' I have, of course, been describing an early stage in a schizoid thought disorder, the result of a regressive disturbance in symbolic thinking and of the confusion created by her attempt to master unaided the disordered perceptions of her breakdown. This thought disorder cleared up completely during the analysis. During the period of recovery she used to make up jokes based on metaphor being taken literally. Some of them were used as captions for a volume of humorous drawings made by a friend of hers.

In line with her belief in her capacity to analyse herself without external aid was her faith in her own

untrained creative powers. At the age of 10 she had decided to become the female Shakespeare; at the same age she also decided to become a ventriloquist. At 17 she wrote a poem identical with one by Verlaine and a melody identical with one by Rachmaninov. At the age of 30 she had been told, so she said, by a ballet teacher that with a few weeks' practice she could reach the standard of a ballerina. She also claimed telepathic powers. The only artistic gifts to which she made no pretensions were painting and drawing. It is not surprising that one of her reports at Dramatic School—acting was the only art for which she had any formal training—described her as exceptionally talented but quite incapable of learning from anyone. A dream she had in the first year of analysis depicted the omnipotent character of her belief in her genius. It also shows her failure to deny *completely* her need for external support.

Dream I. She was demonstrating to a group of stuffy bourgeois professors her ability to dance without touching the ground. She had, however, to keep one finger touching a round tea-table in the middle of the room.

Her determination to deny any need to be dependent on others was also shown in her attitude to external dangers and difficulties. Not only was she physically fearless but she also seemed without social anxiety. She was never shy or overawed by anyone and was quite incapable of accepting any offers of patronage that might have helped her professionally. She also denied any anxiety about the economic insecurity in which she habitually lived. During a phase of the analysis in which she was penniless she refused unemployment relief and tried to persuade herself that hunger pains were psychogenic. Nor did she admit that any dangers attach to sexual promiscuity.

She would not have used the word promiscuous about herself, but it would be hard to find another word to describe the bewilderingly rapid series of transient encounters that made up her sexual life. In her view it was a search for an ideal partner with whom she could experience complete sexual harmony uncontaminated by either love or sensuality. Occasionally, or so she said, her search was successful, when she found a 'reactionary' man, but then, alas, they always proved to have no 'sense of structure'. The others always proved 'comatic'. Rather inconsistently, I thought, she referred to her sexual partners as lovers.

It will already have become obvious that Miss Y was counter-phobic rather than phobic, and that in many ways her character was paranoid. In the last section of his paper on Schreber, Freud observes that the familiar principal forms of paranoia can all be represented as contradictions of the single proposition 'I (a man) love him (a man)', and goes on to show that projection cannot be the essential mechanism in paranoia. Although Miss Y certainly used the mechanism of projection extensively her defensive personality seemed to be based on a

massive contradiction of her unconscious wishes and fears rather than on denial and projection. Her heterosexual promiscuity contradicted her underlying attachment to the mother and her fear and hatred of men. Her pretensions to genius, an example of what Freud called sexual over-estimation of the ego, contradicted her unconscious need for object-love, this being reinforced by her ideological rejection of love as infantile. Her imagined discovery of a means by which death could be eliminated was a contradiction not a denial of death. Similarly her conviction that almost everyone other than herself was sadistic was as much a contradiction of her need for love as a projection of her own sadism. This was shown by the fact that it was just those classes of persons whose occupation it is to care for others and whose care she needed that were in her view most sadistic. She considered all doctors, especially women doctors and psychiatrists, to be sadists. In principle psycho-analysts were not, though during the first year of analysis most of my interpretations were considered to be deliberate sadistic attacks. In charitable moods she attributed my sadism to the contamination I had suffered while acquiring a medical qualification. All mothers she met were scrutinized closely and any mistakes or awkwardnesses they showed were attributed to sadism; when possible she interpreted this to them.

Her need to love and feel loved had, however, found one outlet. She kept cats—several of them, which she had saved from being put down. She was devoted to them and fondly believed that they were dependent on her. Fortunately, she decided early in the analysis that I too was fond of cats. That cats were part of an *external* reality about which she had normal emotions and in which her usual omnipotent defences did not operate was shown by the fact that the first open, naïve expression of anxiety in the analytical situation occurred in relation to one. One day the housekeeper's cat went to sleep under the analytic couch, from which it emerged during the middle of the session. When Miss Y suddenly noticed it stalking towards the door, she leapt off the couch on the opposite side. I remained seated. I am convinced that if a man, not a cat, had emerged, she would not have batted an eyelid.

Another feature of her personality, which was, I think, manic rather than paranoid, was that her appearance and whole demeanour could alter so much that it was hard to believe the different characters presented to one were in fact aspects of the same person. In one character she was hard, aggressive, querulous, and argumentative, and usually sluttishly dressed. In another she was transfigured and radiant, absolutely confident in her ability to charm everyone she encountered. In such moods everyone in the street stared at her appreciatively as she passed and complete strangers came up and talked to her. It was an important step in the analysis when she compared this to the way passers-by will stop to talk to a happy baby and, though still flattered, recognized it to be

an intrusion on her privacy. These changes in mood at first occurred independently of the analysis and were remarked upon by others than myself; later they became associated with changes in the transference.

In describing Miss Y's character I have already used the terms counter-phobic, paranoid, and manic, and the question arises, I think, whether she was, *psychiatrically* speaking, psychotic. She certainly displayed incongruity of affect. This was well described by one of her lovers who once remarked to her: 'It's the glorious irrelevance of you. You look at the sugar-bowl with intense hatred and talk of the weather with an expression of ecstasy.' I am fairly sure that at first she was terrified that I would decide she was mad and was more than relieved that I never in any way treated her as such.

Since Miss Y often behaved and spoke in a way that in everyday life one might be inclined to dismiss as pretentious, absurd, and bizarre, I must mention explicitly that very early on I decided that she was in fact a very gifted, though profoundly disturbed, person, and, in particular, that she had an unerring aesthetic sense. It would be hard to justify such an impression by citing examples that would be generally convincing, and I shall only say that her sensibility often manifested itself negatively. No one could have hated Rembrandt as passionately as she did without a profound though denied insight into his understanding of ageing and death.

So far I have presented Miss Y's character and ideas without relating them in any way to the childhood experiences which alone make them comprehensible. My reason for having done this is that during her analysis I had to learn to feel at home with the defensive personality she presented to the world before I could learn the bare facts of her childhood, let alone acquire any imaginative understanding of it.

V

Miss Y was the youngest child of the only English-speaking family living in a small village in America, both her parents having emigrated from England. They were converts to Catholicism, and five children followed each other in rapid succession, first a boy and then four girls. The whole family's life was overshadowed by a series of deaths which occurred before Miss Y was 10 years old. Her mother died when she was just over 2. An aunt then came to keep house and care for the children; she died when Miss Y was 4½. The children next had a governess who was committed to a mental hospital when Miss Y was 10 and who died there soon after admission. Miss Y had some recollection of all three deaths. In her early teens her father remarried. Her stepmother found Miss Y unmanageable and both parents became very strict in their attempts to control her adolescent interest in boys. She reacted by becoming more and more defiant. In her late teens she was put for a while into a reformatory run by nuns and later, after failing to hold down a number of office jobs,

she was shipped back to England to live with some distant relations in a small provincial town. She soon found the aspidistras and antimacassars unendurable and before she was 21 she ran away and got a job with a circus. From then onwards she lived a precarious, unsettled, and nomadic existence, her only contacts with her family being very occasional letters to her sisters and appeals for financial help to her brother. Under these circumstances no confirmatory external evidence about her childhood was available, while her own description of her treatment by her father and stepmother bore all the hallmarks of paranoid distortion. The idea she had at the beginning of her analysis that both her father and brother had attempted to abuse her sexually was, fairly certainly, a delusion. I suspect that her father was a moody and difficult man who was often at his wits' end as to how to handle five motherless children. They ran wild and much of their hostility and resentment was worked out on each other in bullying and spitefulness, with my patient, as the youngest, bearing the brunt of a lot of it. I think, too, that to begin with she was her father's favourite child. She owed to him her interest in poetry and acting and was the only one of the children to be infected by his passion for Shakespeare. His getting rid of her, first to a reformatory and then to England, was, I suspect, the action of a man bitterly disillusioned in his idealized favourite daughter rather than that of a crude disciplinarian. What her precise misdemeanours were I never discovered. The other children have all made conventional adjustments to the American way of life.

Although these facts about her childhood are very scanty, they are enough to make her unconscious longing for the mother, her conscious hatred of her father, and her fear of death, all imaginatively comprehensible. They offer, however, no explanation of the paranoid twist to her personality, of the fact that her infantile traumata led not to repression, impoverishment of the ego, and symptom-formation, but to the development of an ego itself based on active contradiction of her pathological, unconscious impulses. One consequence of the fact that she emerged from her childhood not with a psychoneurosis but with a paranoid, manic character was that energy which in a neurotic is dissipated in symptom-formation or held in leash by repression was available to her organized ego, though at the price of a partial break with reality. This was the basis of the forcefulness of personality which was one of her most striking characteristics.

VI

Miss Y's analysis lasted for rather over four years. I shall not attempt to describe its course fully, but shall confine myself to giving a general picture of the three phases into which the analysis fell and to describing in more detail a number of crucial episodes. Miss Y was a prolific dreamer of remarkably undisguised dreams, which I shall use extensively as illus-

trative material without reporting her associations, which were in general more confusing than illuminating.

The three phases into which the analysis fell were:

(i) A phase of resistance, in which Miss Y fought to prevent disintegration of her omnipotent and narcissistic defences.

(ii) A phase of regression, in which she re-experienced the despair and depression that had necessitated construction of these defences, and

(iii) A phase of recovery, in which she acquired sublimations and reconstructed her defences on a less omnipotent and narcissistic basis.

Since the phase of regression had a rapid onset and ended suddenly during one of my holidays, this division into three phases corresponds closely to the clinical facts and is not a theoretical construct introduced to facilitate exposition. The phase of regression was, however, foreshadowed more than once during the phase of resistance, and I shall describe one instance of this in some detail.

VII

The phase of resistance lasted for just under two years. The preceding sections of this paper have in the main been based on impressions and information acquired during this first phase. It was characterized by long periods of intense hostility towards me, alternating with short periods of complete harmony. During the hostile periods she attacked me on almost every possible count. I was held to be sadistic, insensitive, stupid, and un-understanding, and to be a legitimate target for her hatred of all things English—English conventions, English snobbery, English doctors, English food, English cooking, and English weather. All attempts to interpret this hostility were taken as indicating my approval of what she was attacking and therefore as further proof of my insensitivity and stupidity. Alternatively I was thought to be deliberately provoking her by affecting to approve the obviously intolerable conditions by which she was daily traumatized. Now although most of this hostility was undoubtedly transferred, the accusation that I was being un-understanding did at times and in certain respects have some validity. There were two reasons for this, one unavoidable, the other the result of a failure in discrimination on my part.

The unavoidable reason was the confusion created by her highly individual habits of speech. She used a language I had yet to understand, while I used a language that to her meant lack of understanding, since to her mind it was inherently incapable of describing her inner feelings and was full of phrases designed to disturb her by evocation of painful imagery. She had, furthermore, a hatred of language itself since, in her view, it only exists because human beings fail to understand each other. Her repudiation of her mother tongue and her attempt to replace it by a private language was, as I have already men-

tioned, an indication of her despair about the possibilities of affective communication.

The avoidable reason was that I failed to discriminate sensitively enough between different types and sources of aggression. Evidence of penis envy and oral frustration was only too obvious in her attacks on doctors and on English food and weather, and it was true that she envied me for being a man and felt frustrated by the mother country which gave her neither food nor warmth, but her dreams—as I only realized much later on when I had reason to abstract them from my notes—suggested that her envy and aggression were not primary and instinctual but were part of her defence. Her repudiation of her need for love and her attachment to internal objects from whom she derived her sense of omnipotence had imprisoned her in her internal world and her fundamental demand on me was that I should help her take the risk of abandoning her self-sufficiency and trust an external object. Having made this demand on me, having instated me as someone by whom she could hope to be rescued, her anxiety compelled her to hate and fear me. Just because I was the person she had chosen to liberate her from her internal objects I inevitably became the person who threatened to destroy her sense of omnipotence. Just because I was the person she had put into a position in which I could prove myself trustworthy and make her aware of her need for love I became the person it was most necessary to prove hateful, insensitive, and un-understanding. Furthermore, she had to test out that I could continue to be benevolent, however venomous she might be. Interpretations of her hostility in terms of envy and oral aggression lost sight of all this and, in particular, lost sight of the fact that her whole aggressive attitude towards me was an attempt to contradict the impression she had in fact gained in the initial consultation that I was a person to whom she could trust herself.

I shall now quote some dreams which illustrate this and depict her narcissistic attachment to internal objects and her sense of imprisonment by this attachment.

I have already quoted her dream of dancing before a group of bourgeois professors.

Dream II. She was masturbating by rubbing her legs together as though there were a penis between them.

Dream III. She was trying to suck her own breast. Then she decided to masturbate but desisted when she remembered she would have to tell her analyst. . . . She was escaping from a prison.

Dream IV. She was in a medieval castle. She and an old woman walked out over the drawbridge. The moat was full of drowned 'effigies', the corpses of her former lovers. Then she tried to reach the sea but her way was blocked by a wall of ice.

Dream V. She was escaping from the Soviet Union in a boat. In the middle of the sea she

found a trap door. She opened it and found a Post Office Savings Book.

Dream VI. Her clitoris was elongated and tubular. She was alone on an island except for one other person, whose sex was uncertain.

These dreams depict very clearly, I think, her attempt to sustain herself by a narcissistic attachment to internal objects and the resulting sense of loneliness and imprisonment. The sense of omnipotence which constituted the illusory gain from her attachment to internal objects is strikingly presented in her dream of dancing before the bourgeois professors and also in the image of the enlarged vaginal-phallic clitoris.

During the phase of resistance there were three ways in which she could temporarily lose her sense of being trapped. One was with her cats. Another was in her sexual promiscuity. The third was in her phases of harmony with me. During these she felt that I understood her completely and absolutely, everything I said was wise and right. My consulting room was always beautifully warm and the weather perfect. All this, however, was resistance too. She came late for sessions and only welcomed my interpretations enthusiastically by reading into them her own preconceptions about herself. These ecstatic manic moods were identical with the transfigured, radiant moods I described earlier. That they were based on a phantasy of union with the analyst as mother is shown by the following dreams.

Dream VII. She and her analyst are in a studio. She is at peace.

Dream VIII. The analyst is sitting beside her as she lies on the couch. She falls asleep. When she wakes up he asks her whether all her friends are homosexual. Then he feeds her with salad.

I have already mentioned that the phase of regression was foreshadowed on more than one occasion during this first phase of resistance. The most impressive of these occurred near the end of the first year of analysis and was precipitated by circumstances external to it. She had been persuaded, partly by myself, to have a surgical operation for her dyspareunia and went into hospital during one of my holidays. The operation was planned to take place three days before I returned to work. I was therefore surprised and disturbed when she telephoned to tell me that she would be coming to her session despite having had the operation only three days previously. When she arrived she walked straight to the couch without looking at me or greeting me in any way. She lay down and went completely limp, in striking contrast to her usual very tense posture. She remained silent and uncannily motionless. I assumed, rightly, that she had discharged herself from hospital almost immediately after the operation, and knowing that she had had a lower abdominal operation feared that she might have had a haemorrhage. Her absence of colour did nothing to reassure me, and I remember entertaining for a moment the idea that she had come to die on the couch. I was therefore more relieved

than distressed when I noticed that she was weeping silently. After a while she tried to speak but failed, and I helped her off the couch on to a chair. She then told me what had happened. She had had the operation with much less pain and distress than she had feared and had been coping successfully with the barbarous conditions in an English hospital until a small child had been admitted to the ward. This child had cried all night and she had been as much upset by the indifference of the nursing staff as she was by the crying itself. Next morning she could endure it no longer and after a row with the Ward Sister and House Physician had discharged herself from hospital. I hardly needed to point out that she was re-experiencing her own desolation after the deaths in her own childhood and that her indignation on the child's behalf was born of her own need for consolation.

VIII

During the months following this episode she began to change. She stopped being promiscuous and became preoccupied with her memories of a young Frenchman, half her own age, with whom she had had a short affair. She lost her job after a quarrel with the producer and then sabotaged every audition she went to by her unaccommodating attitude. Her savings were nearly exhausted. She became increasingly aware of her dependence on me and stopped attacking me incessantly. She began to have anxiety dreams in which I featured as a benevolent and protecting figure.

Dream IX. She is climbing a cliff to reach the analyst. On the way she passes a thug or policeman. The analyst had become very wise and intelligent and she realized that his sadistic treatment of her had all been play-acting done for her own good.

Soon after this dream she became regressed. By this I mean that she entirely dropped her defensive attitude towards me, that instead of lying tense and over-alert on the couch she became relaxed and absorbed, that instead of arguing with me and producing masses of highly intellectualized material in a loud, harsh voice she started describing simply and quietly what she felt it must have been like to have been a child and infant. She became so absorbed in the analysis that the question of her working did not arise, and she spent most of her time continuing the analysis in imagination, sleeping, or day-dreaming about the young Frenchman. To my mind this Frenchman was clearly an idealized representation of myself, but interpretations to this effect were always unacceptable to her.

The actual content of the sessions during this phase is difficult to describe. With one exception her reconstruction of the experiences and emotions of infancy corresponded closely with the picture of infancy painted by contemporary analytical research. The exception was her complete rejection of the idea that an infant can feel anger or hatred

towards its mother and that it can be disturbed by its own destructive phantasies. Interpretations of dreams which seemed to me to depict this aspect of infancy were either brushed aside or reacted to with such anxiety that I eventually decided to let her take her own time discovering the importance of infantile aggression.

The emotional atmosphere of this phase is even harder to convey. This is partly because it contained two elements which are logically incompatible and which yet coexisted without apparent contradiction. One was a feeling that I was bored, tired, ill and indifferent, while she was listless, despairing, and overcome with a sense of futility; it was as though she was re-enacting a mother-infant relationship from which all life had been withdrawn. The other was her belief that I *could* be trusted to see her through, could be a support until she succeeded in gaining access to her own sources of vitality. At times the only evidence of hopefulness in her was the regularity and punctuality with which she attended sessions. She paid no fees during this period, living entirely on borrowed money. However, despite her helplessness and absorption in the analysis, her dependence on me and surrender to me as an introjectible good object never became fully explicit, largely, I think, owing to her fear of the destructive implications of her incorporative phantasies, her fear that she might turn me into an effigy. As a result she never asked me to lend her money and deflected some of her longings on to the Frenchman who by living abroad remained out of range of her aggression and could do nothing to disillusion her.

She dreamed much less during this phase, and I shall only quote two dreams.

Dream X. A female producer did not want to give her a part. . . . She was hurt to find that there were no photographs of her in Mrs. X's album.

Here we see the feeling of being slighted by being unwanted and unremembered by her mother, who, as she then felt, would not have died if she had really loved her daughter, but the dream contains no hint of anger or resentment.

Dream XI. She pressed her breasts against a wall. Although her breasts were anatomically hers, they were also someone else's.

It is this dream which justifies my interpretation of Dream III, in which she was trying to suck her own breast, as an internalized object-relationship and not as an auto-erotic activity. This last dream depicts her acquisition of insight into the object-dependence implicit in her narcissism. It also represents her primary identification with the analyst as breast.

Eventually, however, aggressive feelings began to emerge unequivocally. First, she remembered a gardener in her childhood who had always kept the vegetables locked up and how determined she had been to steal some of them. Then she had openly sadistic dreams which shocked her profoundly.

Dream XII. She is in a butcher's shop buying

meat. She takes his carving knife and starts cutting up two white cats. Then she is in my consulting room, where I am analysing a Lesbian friend of hers. I look as though I am going to work off some of my aggression on the Lesbian, but instead I show her (i.e. Miss Y herself) a drawing done by a poet friend of hers. It is very chaotic, but I assure her that he has also done some very 'integrated' drawings.

In the first part of this dream it was, of course, the cruelty to cats which shocked her so much. In the second part she depicts her dawning insight into the intimate connexion between creativity and aggression, but does not yet dare locate either within herself. The integrative processes which were already occurring within her have therefore to be represented as taking place off-stage, at one remove from the analytical situation.

Dream XIII. She is forced down a cul-de-sac by a lorry. Then a workman is lying unconscious on the ground. She can only presume that she herself must have attacked him.

Here she depicts the feeling that she is being forced into a position in which she will no longer be able to deny her aggression.

IX

Dream XIII was dreamt at the end of November 1950. To her first session after my Christmas holidays Miss Y brought some drawings that she had done. I was very struck by their strict realism and classical technique; they were 'integrated', to use the word she had herself used when recounting Dream XII. I also felt there was something frightened and overcautious about them. As I put it in the notes I made at the time: 'Her drawings show a fear of being too violent, e.g. very gentle lines on paper that would tear easily.' The best drawings were all of cats. During the session she told me how she had come to start drawing. Over Christmas she had been with a friend to visit the friend's mother. The mother and daughter were not on good terms and the atmosphere had been tense. On one occasion her friend lost her temper with her mother. Miss Y's sympathies were with her friend, and she suddenly found herself wishing to murder the mother. This feeling came like an illumination, and with it many things that I had said to her about hostility and ambivalence fell into place. Later, when she got home, the idea of trying her hand at drawing occurred to her; she sat down with pencil and paper and found she had no great difficulty in drawing her cats and other objects in the room. Since then she had spent much of her spare time drawing.

Drawing was one of the few arts about which Miss Y had had no pretensions, and her attitude towards her newly acquired aptitude was in striking contrast to her previous tendency to refuse all help and guidance and to rely defiantly on her own inner genius. She took evening classes in drawing and seemed quite prepared to learn from her teachers.

Indeed, her only complaint about the art class was that she found her tendency to flirt with the male students interfered with her work. It was also very striking that she had no objection to spending hours copying the work of old masters and seemed only to acquire a realistic technique. She was quite uninterested in abstract or 'advanced' forms of art.

She also began to write poetry again. Here too she expressed herself in simple traditional forms and she never showed me a poem which was not comprehensible on a single reading. In a series of poems about her childhood she worked through her grief and described her recovery of the internal image of a loving mother and the resulting loss of her inner sense of isolation. I regret that I am unable to quote any of these poems.

Miss Y's need to draw, and, in particular, her need to draw the external world as it is, was an expression of her drive to escape from the prison of her introversion and to re-establish contact with the world of everyday reality, which she used her hands and eyes to master and rediscover. On the same day that she first showed me her drawings she asked me how much longer I thought the analysis would last, and shortly afterwards she began to concern herself with the problem of earning a living. As she decided that acting was not her *métier* and had no other training and qualifications, the remaining eighteen months of the analysis were to some extent disorganized by her search for suitable work, and it was partly for economic reasons that she terminated analysis four years after beginning treatment.

I do not intend to describe in any detail this last phase of recovery. Much of it consisted in working over again material I have already presented, but with the difference that she was capable of operating the normal split in the ego which enables psycho-neurotic patients to observe and reflect upon the material they present instead of becoming totally immersed in it. There were also periods in which development seemed to be occurring spontaneously and in which my function was confined to providing a setting in which insight could increase and to being ready to intervene when she seemed to be losing her way. I have no doubt that in view of the emotional insecurity of her childhood and the social insecurity of her adult life the mere continuity of the analytical relationship had a therapeutic effect. I think too that the sudden emergence of a sublimation and, with it, of a firmer grasp of reality indicates that a normal, non-defensive ego-organization must have already been present when treatment began, however overshadowed it may have been by her highly defensive 'personality'. The last phase of her analysis was a phase of recovery, not only in the sense that she recovered from her regression, but also in the sense that she recovered certain faculties and potentialities which had previously been dissociated and therefore inaccessible. In the last resort this was based on recovery of the belief in the possibility of affective communication, a belief which had been shattered by

the traumatic experiences of her childhood. The most obvious example of her becoming more in touch with, more at home in outer reality was her changed habit of speech—I remember being amazed when she first came out with such an ordinary word as 'flirt'—but much more than this was, of course, involved.

In April 1951 Miss Y received a telegram telling her that her father had died. After unsuccessful attempts to find a friend to stay with her, she rang up and asked me to come and see her. The sense of urgency was obvious in her voice and I went at once. When I arrived, almost the first thing she said was that in a sense I needn't have come at all, all she had needed was the certain knowledge that I had appreciated the urgency of her call and that I was willing to come, though of course, she added, the only way I could show this was by actually coming. What she needed was that her grief should be recognized, otherwise she was in danger of denying it. Miss Y had realized this danger herself, hence her call to me. After talking about this for a little while she gave me a cup of tea and I returned home. My reason for reporting this incident—the only occasion on which I stepped out of the analytical role—is to give an example of the sensitivity and perceptiveness which she had kept hidden behind her narcissistic defences, a perceptiveness which made her realize how easy it would have been to recall only the grievances of her adolescence and to maintain that she had always hated her father and recognize immediately how urgently she needed a witness for her grief. It did not, of course, require much imagination on my part to appreciate that someone who had lost three mothers in her childhood and who as an adult had had to fabricate theories denying the inevitability of death, needed endorsement of her threatened insight when confronted with the fact of her father's death.

Miss Y had in fact identified with her father in many ways, and I have already given material, without commenting on it, which shows how extensively a phallic organization was interwoven with her omnipotent defences. During the last months of her analysis she became markedly more feminine, a process which began shortly after she first admitted hostility towards the mother. A fortnight later she had the following dream.

Dream XIV. She is in a room belonging to a beautiful girl. At first she thinks the girl is not there, but to her surprise she finds her asleep in bed.

A few days later she expressed concern on my behalf for the first time. She was worried, she said, about the aggression I must have to put up with from my other patients. During the same hour she said she had just realized how much she always wanted to be the centre of attention and how hard she found it to tolerate the idea that it was unrealistic of her to expect me always to be able to understand immediately what she was getting at. A few days

later she remembered how slighted she had felt following her father's second marriage. One can perhaps detect in this sequence a hint of the conflict she must have had as a girl between the *phantasy* of being her father's devoted wife, concerned about the demands made on him by all the other children, and the *knowledge* that she was still one of them herself; and then the mortification of discovering that she was not cast for the role of her father's daughter-wife.

Her earlier sexual promiscuity had been homosexual in the sense that her idea of eliminating love from sex involved denial of specifically masculine and feminine emotions. She now began to express quite simple feminine anxieties. She complained of her compulsion to flirt. She admitted to being frightened when walking alone through dark streets at night. She dreamt that a man tore open her blouse and then broke one of her vases. When she set up house with a man she was appalled at her tendency to nag him. Fairly soon before the end of the analysis she had the following dream.

Dream XV. In the middle of a party a girl squats to urinate. She has a penis which she tries to push back into its proper place as a vagina. She fails to do it herself so she enlists the aid of a man, who pushes it in with his penis.

In this dream we see depicted the reversal of another of the contradictions on which her defensive 'personality' was based. Instead of accepting her femininity, as a normal woman would, or denying her lack of a penis, as a hysteric would, she had tried to contradict her anxieties about being a woman and not a man by asserting that her vagina was really a penis. This contradiction involved her in an untenable break with reality, and the dream epitomizes her return to reality through analysis, depicting first her attempt to return unaided and then the acceptance of help. What it leaves out is her resistance to the required invagination, her struggle to retain her omnipotent bisexual penis-vagina, which she could only begin to relinquish after she had tested out during the phase of regression that it was safe to rely on someone other than herself and had achieved some degree of inner security through acquiring an internal image of a mother whose 'legacy of gentleness could cool her even when the fire of hatred burnt within her.' I am here paraphrasing one of her poems.

This dream, which is the last that I shall quote, was a wish-fulfilment, since it depicted as completed a process which in fact remained incomplete. Unlike the actual surgical operation she had, which was an outstanding success, her analysis was only partially successful. Although she became a much softer person, she remained in many ways narcissistic and schizoid, and there was, I think, a manic element in the partial recovery she made. In so far as this can be attributed to a failure in technique rather than to limitations inherent in her pathology, the fault lay in my failure to bring certain relations directly

into the transference, notably her idealization of the young Frenchman and her impulse to murder her friend's mother. As a result the dynamic changes which occurred when she recognized her hostility and found she could draw, took place by a sort of manic intrapsychic manipulation conducted under my aegis, as it were, rather than directly within the transference relationship.

Although Miss Y's analysis ended prematurely, she had a proper last session. During it she said: 'Well, I see it all now. It wasn't their fault and it wasn't mine either,' and then turning round to look at me she added, 'though why in hell didn't you say so at the very beginning?' This was meant half-humorously, but perhaps she had a point. Perhaps if I had started from the assumption that she must have been through some experience too painful to be assimilated and that she was seeking a relationship secure and sensitive enough for her to abandon her protective defences and risk suffering again, things might have been easier and quicker. But perhaps she would not have understood what I was talking about and could not have done so until she had unburdened herself of much of the aggression with which she had become overcharged.

THEORETICAL DISCUSSION

I have taken the term 'contradiction' from the third, theoretical, section of Freud's paper on Schreber, where he remarks that 'the familiar forms of paranoia can all be represented as contradictions of the single proposition, 'I (a man) love him (a man)'. However, Freud himself did not regard 'contradiction' as a mechanism, and he appears to have been using the idea of contradicting a proposition purely descriptively, without envisaging that it might be possible to use it to conceptualize a specific dynamic process. After showing how the four principal forms of paranoia correspond to the four different ways in which the proposition 'I love a man' can be contradicted, Freud goes on to give reasons why projection cannot be regarded as the pathognomonic mechanism in paranoia and to argue that the 'pathogenic factor' in paranoia is that libido which has been detached from external objects is used for aggrandizement of the ego, i.e. that there is regression to the stage of narcissism. At no point does he suggest that the contradiction he has described could itself be envisaged as a specific paranoid mechanism; the emphasis is on the homosexuality, not on the process of contradicting it. Nor does he mention the concept of 'derial', the defence which nowadays is commonly coupled with projection as providing the basis of paranoid disorders. For instance Heimann (1953) writes,

'As is well known, delusional jealousy and fear of persecution are based on denial and projection.' The reason for this omission of Freud's is, of course, historical. In 1911 the preoccupation of analysis was still with the establishment of fixation-points to the exclusion of differentiation of specific modes of defence.

Contradiction, however, is not the same thing as denial, and to my mind Miss Y, whose character-defence showed a marked resemblance to the clinical picture of paranoia, did something more than deny and project her attachment to the mother, her hostility to men and her fear of death; she constructed an organized pattern of

behaviour and thought which was designed to replace her repressed wishes, feelings, and anxieties by a totally different order of experience. The development of this distorted ego could no doubt be formulated in terms of the interaction of several different mechanisms of defence—the list would certainly have to include denial, repression, regression, projection, introjection, reversal, transformation of affects, reaction-formation, and rationalization — but there is, I think, something to be gained by seeing it as a single dynamic process which manifested itself both as an unconscious phantasy and as a strategy of defence.

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A GAME THAT MUST BE LOST

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I

The aims of instinctual urges are never abandoned nor always reconciled under the pressure of reality: out of this situation there arise the developments and divisions of the psyche and the elaboration of the ego's defences. Are these vast, complicated structures, then, the fruit of so simple a conflict, or is the incessant and always acute character of conflict due as well to an *absolute* opposition in the first place between basic drives themselves?

There is today no agreement over the matter: the disagreement is the principal cause for conflict in the psycho-analytic movement. I am on the side that favours an initial scene of inner conflict *per se*, in accordance with Freud's later theory. I suspect that even in the distant past, had there existed in the theory of conflict this stronger duality, neither Adler nor Jung could have driven monist paths at the edges of psycho-analytic understanding.

Do you conceive of pressures from the external world, from reality and the instinct of self-preservation, as the entire other term in conflict with the urges of the sexual instincts? There has been much attraction in this view: it appears that a more profound basis for inner conflict is a hesitant demand solely of psychology among the biological sciences. Yet libido as a whole, it seems to me, requires an inner opponent if we are to find good reason for the very existence of the ego itself, the hardened rind of the id that withstands the pressures, frustrations, and dangers of the external world. The role of the ego is often to take the long view. I put this question: If the interests of survival that the ego will serve, conflict with those of immediate satisfaction, how is the ego developed from the id, unless there be at work in the id another and negative principle that causes survival to declare itself as an immediate aim: can the instinct of self-preservation be viewed satisfactorily without a partner who typifies danger: in what school does the ego learn the postures of defence?

I myself cannot avoid the conclusion that the ego has been educated, and indeed initiated, in more than one school. Freud writes in *Inhibitions, Symptoms and Anxiety* (7): 'Man does not seem to have been endowed, or has been endowed in but small measure, with an instinctive recognition of the dangers that threaten him from without.' One might infer from this that Freud is attributing, even to the infant, an instinctive recognition of danger within. That danger will be projected. Would not the recognition of danger without depend partly, perhaps wholly, upon a dangerous inner situation?

We accept that there are positive instinctual responses to certain objects. The world is populated also by objects of menace, by hate, aggression, disease, and many kinds of physical threat. Are we to suppose that the organism contains nothing that matches menace; does the external world, in regard to menace, frustration, persecution, and all negative situations, simply impinge on the innocent psyche, or is there, as in positive situations, a part of us potentially at one with them? In a secondary sense, at any rate, there is some confirmation for the last alternative in view of the introjection of bad objects as a mode of defence, a mechanism that does not vouch, however, for a primary correlation. After writing the above I have found that this same issue was far better formulated by Money-Kyrle in his paper of 1955, 'An Inconclusive Contribution to the Theory of the Death Instinct' (12). I will have unconsciously remembered it. He asks the simple question: 'Are we to attribute psychic equivalents only to the system-maintaining processes, and not to the disruptive processes they counteract?' Money-Kyrle's paper is a necessary starting-point for those who would discuss the death instinct. He concludes as follows: 'It cannot be an instinct in the ordinary sense—something evolved in the interests of self- and species-preservation. It can therefore hardly be conceived except as a kind of psychic correlate of entropy—something prior

to the instincts proper which were presumably evolved to counteract it.'

This is a more straightforward biological characterization of a possible death instinct than the one of Freud. I use the word 'straightforward' because, perhaps without good reason, I put it at Freud's door that in rereading *Beyond the Pleasure Principle* (3) I had to stop at several points to determine whether what he was saying referred to Eros or whether it referred to the death instincts. Though they are conceived in the maximum opposition, they are none the less given a great deal in common. Thus Freud writes: 'The dominating tendency of mental life, and perhaps of nervous life in general, is the effort to reduce, to keep constant or to remove internal tension due to stimuli (the 'Nirvana principle', to borrow a term from Barbara Low)—a tendency which finds expression in the pleasure principle; and our recognition of that fact is one of our strongest reasons for believing in the existence of death instincts (pp. 55-6). And farther on: 'But we still feel our line of thought appreciably hampered by the fact that we cannot ascribe to the sexual instinct the characteristic of a compulsion to repeat which first put us on the track of the death instincts' (p. 56). Elsewhere we are told that the sexual instincts are more *conservative* than other instincts. I have quoted enough to suggest that Freud was more inclined to invoke a leaning towards inertia (compare his use of Fechner's conception of constancy) for *all* the instincts and for the aim of the pleasure principle. 'The pleasure principle,' he wrote, 'seems actually to serve the death instincts.'

In *Beyond the Pleasure Principle*, then, the Nirvana theme is not invoked for the death instincts more than for the other instincts. I believe there is often a simple misconception in this matter, in regard also to what Freud has said in this book concerning aggression. It seems sometimes to be assumed that the death instinct was introduced in order to award greater priority to aggression. Overtly at any rate, this is far from the truth: in fact there is only a little over a page in the Standard Edition given to discussing the possibility of an original sadism. 'If such an assumption as this is permissible, then we have met the demand that we should produce an example of a death instinct—though, it is true, a displaced one. But this way of looking at things is very far from being easy to grasp and creates a positively mystical impression' (p. 54). According to Freud's editors of the Standard

Edition, the problem of destructiveness makes in this passage a first explicit appearance. It was, of course, enlarged upon in subsequent papers and books, particularly, and in no uncertain terms, in Chapter 6 of *Civilization and its Discontents* (5), as we shall see, but otherwise not greatly nor consistently. The question of a primary aggression, as of the death instinct, was, so to say, forced upon him; he brought it into relation with certain clinical problems only, not at all with his clinical findings as a whole. Thus, in a paper of 1922 and in a reference of 1923 (4), paranoia is treated once again in accordance with his famous paper of 1911, fundamentally, that is, as a mechanism of repressed homosexuality. I would like to know whether any school of psycho-analysis today agrees with this general diagnosis and would omit reference to the force of a projected aggression with a far wider history than that of a homosexual relationship.

Freud was prepared to allow a disdain for the death instinct, even on the part of his most faithful followers. Some of us appear to think that we can best reproduce the hesitation and caution of Freud by rejecting his death instinct and in further emphasizing clinically a role for aggression that is not merely reactive, being in some sense primary. The death instinct is traded for aggression: at the same time the disreputable link of aggression with the so-called death instinct serves as a reason for not stressing, not even recognizing perhaps, a powerful destructive compulsion in the infant, especially since Freud did not allow for any such compulsion in the earliest infantile behaviour; as I have said, he did not overhaul his clinical findings except in some instances, but only the metapsychology, on the introduction of the death instinct.

It may be argued that Freud introduced the death instinct in order to explain repetition-compulsion. That mechanism was certainly the occasion or context. But Freud was much concerned from 1914 to 1920 with the theory of instincts. The duality that had served him from 1910, the duality of the sexual and ego instincts, was undermined by his own paper 'On Narcissism' of 1914. This paper left the non-libidinal ego instincts, the opposition to the sexual instincts on which inner conflict had been based, a mere rump and, if the figure can be conceived, a shapeless rump, since it had always been impossible, he himself had said, to define and explore the so-called ego instincts. Six years after and several times later, he was careful to explain this incidence for the death instinct theory: he

was careful to trace the evolution of his theory of instincts in order to show that the hypothesis was one he was unable to avoid rather than one he had rushed to embrace. And so, we read of the development of the classification of instincts twice in *Beyond the Pleasure Principle*, in Chapter 6 of *Civilization and its Discontents*, and in Lecture 32 of the *New Introductory Lectures* (6).

In *Civilization and its Discontents* he wrote: 'I know that we have always had before our eyes manifestations of the destructive instinct fused with emotion directed outwards and inwards in sadism and masochism; but I can no longer understand how we could have overlooked the universality of non-erotic aggression and destruction, and could have omitted to give it its due significance in our interpretation of life.' But he goes on: 'I can remember my own defensive attitude when the idea of an instinct of destruction first made its appearance in psycho-analytical literature and how long it took until I became accessible to it.' Freud had written in 1914 in the polemical paper 'On the History of the Psycho-analytic Movement' (1, p. 58): 'The view of life which is reflected in the Adlerian system is founded exclusively on the aggressive instinct.' I am struck also by references to Jung's monist libido theory in *Beyond the Pleasure Principle* and in *Civilization and its Discontents*. Since it had become necessary to extend vastly the sphere of the Freudian libido, he had felt that it might be thought to approximate to Jung's mystical and boundless instinctual force. But, says Freud at the end of this passage in *Beyond the Pleasure Principle*: 'Our views have from the very first been *dualistic*, and today they are even more definitely dualistic than before—now that we describe the opposition as being, not between ego instincts and sexual instincts but between life instincts and death instincts. Jung's libido theory is on the contrary *monistic*' (3, p. 53).

It is perhaps possible that Freud's last metapsychology which he started to build with the paper 'On Narcissism' (2) reflects awareness of a grain of truth in his lost adherents, pertaining to tendencies or parts of attitudes that he now incorporated in a system with even less appeal to them. I have suggested that had this last system been evolved earlier, red herrings drawn across the path of psycho-analysis might have been in shorter supply. (As a result of the present rejection of Freud's last dualism, these may yet be taken out of store.)

On the other hand, doubtless Freud continued to feel, as perhaps do we—and this, I

think, is the source of recurrent confusion—that all his great discoveries were the fruit of utter loyalty to the supremacy of an erotic element even in the most contradictory or paradoxical situations, whereby he swept aside age-old under-estimations of the sexual component in experience and behaviour. As soon as an inner threat of a kind that is unrelated in the first instance even to the external threat of reality has been admitted, the purity of the psycho-analytic approach is in danger of tarnish: consequently, the permeation of experience by sexuality and the compulsions of the pleasure principle may be held to be qualified, and a mystical element introduced; whereas when we contemplate the genius of Freud we are likely to think first of the catharsis of an erotic element that he discovered in neurotic symptom or in anxiety dream. All his great discoveries, I repeat, lie in these astonishing paradoxes that he so clearly demonstrated: over and over again matters that seemed utterly to rule out any element of sexuality, fell comfortably into this complex net, arousing the rage and resistance of opponents. Resistance is not always difficult to identify as a negative confirmation of the truth: Freud remained at all times loth to connect repression, at any rate, with opposition to urges other than those of the sexual components. Had it been otherwise, how could he have traced the liquid, permeating power of sexuality? It has seemed to me that the beauty of psycho-analytic thought lay, and still lies, in this unwavering tide attributed to the sexual instincts, suggesting an undertow that has honeycombed submerged barriers, to appear beyond them contrary to the expectation of a superficial viewer.

It is the more astonishing, therefore, that Freud recast his theory of conflict, at any rate for his wider sweeps, and committed himself, though unwillingly, to a belief in an instinctual force as negative as Eros is positive. We are not disloyal to his genius in following him here as well, in enlarging upon a negative pull, unconnected originally with resistance and repression, in a way that preserves all he held most certain. I do not think that we should suffer much confusion because in his later writings Freud has so restricted the implications of his own metapsychological formulation. We ourselves do not have to fight his original battles.

I must show further what I mean by restrictions. Even in *Beyond the Pleasure Principle* itself we read: 'Nevertheless we are justified in saying that the old formula which lays it down

that psychoneuroses are based on a conflict between ego instincts and sexual instincts contains nothing that we need reject today. . . . And in particular it is still true that the transference neuroses, the essential subject of psycho-analytic study, are the result of a conflict between the ego and the libidinal cathexis of objects' (p. 52). It appears that in this passage the term 'ego instincts' has no reference to aggression or to a death instinct. Six years later, in *Inhibitions, Symptoms and Anxiety* (7), he wrote: 'The aggressive impulse flows mainly from the instinct of destruction; and we have always believed that in a neurosis it is against the demands of the libido and not against those of any other instinct that the ego is defending itself.' 'A sadistic cathexis of an object may legitimately claim to be treated as a libidinal one.' It appears for this reason only that 'an aggressive impulse against the father can just as well be subjected to repression as a loving impulse towards the mother.' It seems true to say that according to this view all the defences of the ego are directed solely against certain demands of the libido. Meanwhile, though not happily for the terms of the sentences I have just quoted, the battlefield or area of conflict had been far better defined by the ideas set forth in *The Ego and the Id* (4) of 1923. As well as the outside world and the id, the ego faces a third front, the superego. This abstruse battlefield is now sometimes spoken of as the root of conflict. Whereas in Chapter 2 of the posthumous *Outline of Psycho-Analysis* (8) there appears a reaffirmation of the death instinct, motive and behaviour thereafter are discussed solely in the terms of pleasure, unpleasure, and the demands of the external world: psychical conflict appears to be conceived not only as acted out in, but initiated by, the clashes of one part of the psyche with another.

How do we get, I repeat, these divisions of the psyche, metapsychologically speaking, and how do we get guilt: why should the psyche work so badly to the end of pleasurable catharsis, why the self-impediment, the obstruction to immediate catharsis? Before the introduction of the death instinct the answer—and Freud made use of no other, though it may well be he was not at all happy with it—is in terms of survival, in terms of the instinct of self-preservation that in the period of the ego instincts had been visualized as the first opposition to the sex instincts. I quote from *Beyond the Pleasure Principle*: 'We know that the pleasure principle is proper to a primary method of working on the part of the mental

apparatus, but that, from the point of view of the self-preservation of the organism among the difficulties of the external world, it is from the outset inefficient and even highly dangerous, (3, p. 10). And from 'On Narcissism' in regard to sexuality: 'The individual does actually carry on a twofold existence: one to serve his own purposes and the other as a link in a chain, which he serves against his will, or at least involuntarily' (2, p. 78), as a carrier, that is, as a propagator, of the species. Thereafter, of course, in Freud's theory, the instinct of self-preservation joins the sex instincts as part of the libido. He felt, he had always felt, the need of a larger root for conflict, larger than for the conflict of instincts within the same group. We are back at the point where the death instinct will be introduced, though seldom employed.

Before offering very tentatively a construction that is novel in some particulars, I want to recall the burden of *Inhibitions, Symptoms and Anxiety*; and then, since I have looked up 'death' in a dictionary of quotations, to reproduce a few.

By his second theory Freud brought anxiety into close relation with loss of the object, with the loss at birth of the pre-natal state, in infancy with the disappearances of the mother, and later with the fear of castration which would also be, Ferenczi had suggested, a loss of a tie with the mother. More generally, Freud associated anxiety in this book with helplessness or with an expectation of helplessness. But he denied that there was any concept of annihilation in the id: had he been inclined to take a different view, he might have felt it as a threat to the supremacy of the sexual instincts from which had come his incontrovertible discoveries and the distinctive opposition to them. 'If anxiety is a reaction of the ego to danger,' he writes, 'we shall be tempted to regard the traumatic neuroses, which so often follow upon a narrow escape from death, as a direct result of a fear of death (or fear for life) and to dismiss from our minds the question of castration and the dependent relationships of the ego. Most of those who observed the traumatic neuroses that occurred during the last war took this line, and triumphantly announced that proof was now forthcoming that a threat to the instinct of self-preservation could by itself produce a neurosis without any admixture of sexual factors and without requiring any of the complicated hypotheses of psycho-analysis.' Freud goes on to say that in any case his introduction of narcissism had emphasized the libidinal character of the

instinct of self-preservation. Of course he objected to a conception of neurosis that could allow of its presence as a result solely of an objective danger, 'without,' he says, 'any participation of the deeper levels of the mental apparatus.' Although six years earlier in *Beyond the Pleasure Principle* he had brought traumatic experience into relationship with an internal qualification of the whole libidinal organization, he does not enlarge upon it in this vital context; indeed, he goes to some lengths to preserve a greater part of the position in this matter as it existed before the introduction of the death instinct. From another angle, however—and that is why I have drawn attention to *Inhibitions, Symptoms and Anxiety*—I do not consider it inapt to point to some equation between this fear of loss and a fear of an instinctual pull towards dying that I am about to assume.

'What have we done to Death that we must die?' wrote Wilfrid Blunt. If we look up 'death' in a dictionary of quotations, I think we shall conclude that the most common tenor is concerned with debt. 'The slender debt to Nature's quickly paid, Discharged, perchance, with greater ease than made.' 'Death is a debt we must all pay.' 'A fair death honours the whole of life.' 'He that dies pays all debts.' 'He that dies this year is quit for the next.' It may be superficial to consider only the invocations of guilt and punishment in these contexts. I recall that Melanie Klein has said that a considerable part of the death instinct drive is lodged in the superego (11). Freud had said the same in regard to the melancholic (*The Ego and the Id*).

Many quotations reveal a more complicated attitude vested in the distinction between 'death' and 'dying'. For the most part dying is hard but death is called friend by a multitude of poets. 'A dying man can do nothing easy.' Edward Young wrote: 'The knell, the shroud, the mattock, and the Grave; The deep damp vault, the darkness, and the Worm; These are the bugbears of a winter's eve, The terrors of the living, not the dead.'

The saddest of all sentences is Pascal's 'Je mourrai seul'. Dying completes separation, the darkness without companion. But death itself, 'This king of terrors is the prince of peace.' 'How glad would lay me down, As in my mother's lap!' wrote Milton. 'Good is death which destroys the evils of life.' And Swinburne: 'Peace, rest, and sleep are all we know of death.' And Alexander Smith: 'That sleep the loveliest, since it dreams the least.' Sterne wrote: 'Death

opens the gate of Fame, and shuts the gate of Envy after it.'

There are many quotations that treat of dying as inseparable from our birth. 'Death borders upon our birth, and our cradle stands in the grave,' wrote Bishop Hall in the seventeenth century. 'The world's an inn and death the journey's end' is a famous quotation from Dryden. And Beaumont and Fletcher before him: 'This world's a city, full of straying streets, And death's the market place, where each one meets.' 'What new thing then is it,' said Seneca, 'For a man to die, whose whole life is nothing else but a journey to death?' 'Nothing is dead, but that which wished to die,' wrote Edward Young in the early eighteenth century. 'Death has moulded into calm completeness The statue of his life.' Finally, in *Antony and Cleopatra* we read: 'If thou and nature can so gently part, The stroke of death is as a lover's pinch, Which hurts and is desired.'

The fear of death appeared above as the panic of a winter's eve. 'The pomp of death alarms us more than death itself.' Death is 'but giving over of a game that must be lost.' This image, from Beaumont and Fletcher's *Philaster*, involves death with life best of all. A game that must be lost, the undertone of every occasion.

Ageing tends to bring a decreasing range of objects and probably a decreasing intensity, except in the manner of a clinging, a primitive clinging, in those ties that remain. Dying figures the losing of all objects, the negation of the Eros drive whose character is object-seeking. In regard to the theory of guilt as well as of anxiety, the threat of loss of objects, of their absence, is crucial. An aim of the present paper is to reinforce a parallel connexion between the threat of loss and aggression, and further to suggest that the sense of loss, before it is associated with anxiety, aggression, and guilt (and eventually the later integrative processes), brings with it a taste of death, since it is the first libidinal reaction to the pull of death. I think that if one posits a pull towards death, one must find an imago for it, even though it can appear only under the aegis of Eros, corresponding to the imago of the breast as the original good object. I have in mind as the representative content a feeling of emptiness or absence that, upon projection, enormously aggravates the deprivations of hunger and thus endows the frustrating breast with a virulent badness or power of persecution. It seems to me that to posit a projection of a sense of absence stimulated by the pull of death, in association

with hunger, clarifies the incidence as well as the huge power of persecutory anxiety: it means that two kinds of lack coincide, the psychological sense of absence and a somatic emptiness. This sense of absence will have preceded hunger, or, at least, it will not have come about solely at the behest of hunger: and since it is the libidinal response to a deadly refusal to entertain objects, this sense of absence will stimulate as a rule a psychological hunger for the object. The component of a basic refusal is therefore the more unlikely to mitigate the somatic hunger. I can imagine, though, that in the wilting of some infants the issue may have been otherwise. But usually the fear of object-absence will have reinforced hunger, the sense of deprivation, and so initiated the sense of persecution, which in turn calls forth an aggression associated with the instinct of self-preservation. However small the willed component, a partly willed deprivation must be felt as a greater threat to the organism than a starvation solely physiological.

Whereas it is customary to derive the sense of persecution from projected aggression, in the above theoretical construction the sense of persecution arises out of the sense and fear of object-absence: it is therefore prior to the aggression with which it is met in accordance with the instinct of self-preservation. The first aim, then, of aggression is to enforce the absence of an undesired object. While keeping aggression entirely associated with paranoid anxiety and while preserving its affinity through projection with the pull towards object-absence, this construction avoids some awkwardness that lies in deriving aggression more directly from the passive and silent workings of a death instinct.

But aggression is immediately associated with loss also: the undesired object is often the good object, attacked in greed or envy. A sense of loss at once assumes the acute form known to us clinically in the terms of depressive anxiety which is inspired, not simply by the losing of what is good, but by the way the loss is felt to have occurred, namely through one's own aggression against the object. Melanie Klein on whom, it is obvious, I have relied, has often shown that at a later stage these depressive feelings are so unbearable that some reversion at least to a paranoid position and to primary modes of splitting serve again as the necessary defence.

Freud showed that the Thanatos principle as a rule operates in a close fusion with Eros: masochism was his touchstone. I have found it necessary to imagine that in all life-giving and

life-preserving responses there is mingled an impulse, however faint, of refusal, in virtue of which no creature needs to be taught about death. The sense of loss is thereby first seen as the libidinal response to an innate refusal. I think that from the beginning the impulse of refusal is felt within other instinctual responses and tends to increase them, as might a slowly departing train the response of a man who would catch it. 'In play,' wrote Byron, 'there are two pleasures for your choosing. The one is winning, and the other losing.' I submit again, then, that the compulsion towards survival, whether of the self or of the species, is always associated with the recoil from an instinctive refusal that is so menacing as generally to make it an aim for us to survive at the cost of any other immediate satisfaction.

In novels and autobiographies as well as poems we read of moments of 'realization', enlightenment, a sense of completeness, physical, intellectual, emotional, so perfect that the writer is apt to exclaim that that would have been the best of all occasions on which to die. It appears the thought of death is least unwelcome at the very moment of a consummation that seems as inexhaustible as the good breast. We have in this experience, we retain, all we ever want—so we feel—and we know that thereafter we shall strive but to reach a similar fulfilment. I think most of us would agree that the furniture, as it were, the *mise-en-scène* of such a situation's various embodiment, entails the harmonious postures, the perfect health and security of internal objects, probably achieved at great cost. Under any other conditions we are to some extent lost, lonely, feeling that we shall die in partial misery, whereas if we die at the moment of perfect realization, it will be *we* who leave a scene which is not itself thereby disturbed. True, we no longer then perceive it, but like Berkeley's table it is not dependent for existence on our perception only, especially if we ourselves absorb, as it were, the temporal role in taking leave of it.

A similar analysis has often been advanced in interpreting the suicide's state of mind: he saves good objects by his act. I agree entirely, but I do not agree to the usual corollary that there is no need to introduce the consideration of a pull towards death. The goodness of our good objects—they will, of course, usually include our descendants—is an end in itself: that is to say, we demand no further object. Apparently, these objects have always been in danger, injured or

lost. Such is the scale of danger; it cannot but mean that there are equally powerful bad objects and that they embody a negative principle, an inevitable partner of our love: if life, love and the connective object-harbours role of Eros are inextricable conceptions, so too are those of hate, persecution, disintegration, and death.

Such fine words are out of place. It would be convenient if we could envisage one force only, with both a positive and a negative direction that exist together in changing proportions. Unfortunately, such a hypothesis cannot have bio-

logical appeal inasmuch as the presence of the negative component is believed to declare itself in positive situations by a greater strength only of the positive drive, an assumption for which there can be no testing nor proof. But since, as I have said, it seems that psychology alone tends to demand an inner basis for conflict, the hypothesis, ridiculous as it may seem, could prove to be the happiest available; though appearing to be useless to biology, it is not necessarily biological nonsense.

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(Received 14 May, 1959)

EDITORIAL

When Dr. Hoffer's resignation from the Editorship of the *Journal* became known, psycho-analysts everywhere felt an unusual regret. What he has done for the *Journal* in recent years is manifest and a steadily rising circulation is perhaps the testimonial he will like best. The extra twinge, however, is prompted by thoughts and feelings from other sources. Dr. Hoffer combines with those qualities which have endeared him so widely to all those who are concerned with the *Journal*, an almost unique range of personal knowledge of analysts all over the world; also, he continued the direct links which all his predecessors had with the Viennese Society as it was in its early phases. In taking over from him it will be readily appreciated that I have profound misgivings. I can only conclude that the *Journal* has entered a new phase with different, better defined, and less exacting, demands on the editor. The situation today is certainly unlike that described by our first editor, Ernest Jones, when he started the *Journal* in 1920. Then there were innumerable difficulties—tensions between the members of the young movement, international jealousies, and many anxieties over publication in a world hostile to our subject. A vivid impression of these trying times is to be had in one of his letters to Freud in 1932 from which he quotes in his biography of Freud:

'As you know, I have endeavoured in English-speaking countries to further the same object that you described as being the *Verlag's*: namely to stamp a body of literature as being entirely distinct from the medley of rubbish all around. . . . It has been an uphill fight against the difficulties from within and without but we have accomplished something.'

Happily that phase of struggle has been a thing of the past for many years now, and it was the successful efforts of Ernest Jones and those who followed him that established the *Journal*. The next sentence from this letter contains a policy statement which is very much in my mind as I begin my duties.

'As you will remember, my own wish has always been for a closer co-operation, so that all the undertakings should be entirely and jointly international.'

It is surely the great strength of the *Journal* that it has not only set the standards that our subject demands, but that it has been a really international undertaking.

In keeping to these aims I am more than fortunate in that all the members of the Editorial group will remain in post. Dr. Hoffer will be there to give advice in his unfailingly generous way. Dr. Knight too has kindly offered to maintain his very substantial help with the articles from the United States, and Dr. Brierley and Dr. Scott will also continue with their active assistance.

J. D. SUTHERLAND.

ABSTRACTS

Contents:

Journal of the American Psychoanalytic Association,
7, 1959, No. 1.

The Psychoanalytic Quarterly, 27, 1958, No. 2.

JOURNAL OF THE AMERICAN PSYCHO- ANALYTIC ASSOCIATION, 7, 1, 1959.

G. S. Klein. 'Consciousness in Psychoanalytic Theory: Some Implications for Current Research in Perception.'

In this paper Klein presents a brief account of the experimental work which suggests that there is a continuous mental registration of environmental stimuli occurring outside of awareness. He then discusses the status of the concept of consciousness in psycho-analytic theory in which he reviews Freud's initial and later views on the subject. The last section of the paper takes up the implications of the experimental work detailed at the outset. Klein suggests that registration of stimuli and their perception are two entirely different processes. Registration is much less selective than was previously imagined. The registration of a stimulus will only be experienced as a percept or an image when it is endowed with a special cathectic quality. The state of consciousness is an important factor in determining the structure of percepts and images. Klein conceives of controlling structures within the ego which will determine the nature of these mental events. Preference is given by Klein to the concept of registration of stimuli outside of awareness rather than to the concept of subliminal perception. This preference is the result of (a) the belief in a superordinate organization—the state of consciousness in which registrations occur; (b) the elaborations to which the registrations are subject; and (c) the controlling structures which shape their emergence in consciousness. Klein also points out that this recent work on perception raises the question of the selection of such non-conscious events to repression.

C. Fisher and I. H. Paul. 'The Effect of Subliminal Visual Stimulation on Images and Dreams: A Validation Study.'

This paper contains an account of an experimental project undertaken to validate earlier qualitative studies on the relationship between subliminal visual stimulation, dreams, and imagery. The rationale underlying the experiments and the methods for collecting the data are described in some detail. In the discussion which begins with the statement that

subliminal perception occurs, the authors point out that the term preconscious perception unsatisfactorily describes the complex process which takes place. They envisage four steps: (1) a phase of sensory registration outside of awareness; (2) a phase of cognitive working over in which the registration becomes a memory trace; (3) a phase of delayed emergence of the memory image of the subliminal registration into subsequent dreams and images; and (4) a reproductive phase—the verbal report and drawing of the dream or image.

The first phase cannot be considered preconscious, as the subject never recovers the memory of the actual event of sensory registration. This registration is not preconscious in the psycho-analytic sense, but unconscious in the somatic sense. The term preconscious can, however, be applied to the second phase. The results also demonstrated that in the dark and supine position there was a more extensive emergence of elements and aspects of the subliminal stimuli into imagery than occurred in the upright position and in the light.

C. W. Socarides. 'Meaning and Content of a Pedophilic Perversion.'

The author emphasizes the role of early excessive aggressive and libidinal impulses in perversion formation and the introjective-projective defences utilized to deal with them. In the case quoted the perversion appeared whenever the patient was in an emotional crisis. The child chosen for the act was a narcissistic object. The object was split with the boy representing the patient himself and the other part of the split representing the destructive and castrated mother. Idealization of the object avoided anxiety and guilt.

B. Brodsky. 'The Self-Representation, Anality and the Fear of Dying.'

The essence of this paper is the idea that an additional factor leading to the fear of death is caused by memory traces of experiences of extinction of the self-image. Such traces are merged with the psychical representation of the excreted and discarded stool. Clinical illustrations from psycho-analytical treatment are presented.

H. I. Kupper and H. A. Rollman-Branch. 'Freud and Schnitzler—(Doppelgänger).'

This interesting article is based upon a letter which Freud wrote to the playwright Schnitzler in 1922. Freud regarded Schnitzler as his double because he had encountered in the latter's writing the same

themes as he had been preoccupied with in his psycho-analytical research. The life histories of the two men show many similarities.

Thomas Freeman.

THE PSYCHOANALYTIC QUARTERLY, 27, 2, 1958.

H. Robert Blank. 'Dreams of the Blind.'

The congenitally blind and, with few exceptions, those blinded before the age of 5, do not have visual dreams, the predominant sensory modality being hearing. Those blinded later than the age of 7 tend to retain visual memory and visual dream imagery. The phenomenological differences between the dreams of the blind and the seeing are not fundamental. They require no revision of the psychoanalytic theory of dreams. The typical dream of the blind is one that is determined primarily by serious reality problems and it usually contains some prominent spoken statement, or other superego elements more closely related to the day's residue than to deeply repressed conflicts. The reason is that the ambivalence and reactive guilt due to dependence on seeing guides, and others, produces a formidable knot of unresolved day-residues. Five dreams of the blind are presented chiefly to illustrate their variety and the relationship of the dream to the psychic problems of the blind dreamer, especially the problems concerning his blindness. The outstanding contributions in the literature on dreams of the blind are reviewed. (Based on Author's Summary.)

Franz Alexander. 'A Contribution to the Theory of Play.'

Play is the product of surplus energy not needed for the maintenance of life. Adaptive behaviour leads to uniformity: play, on the other hand, is experimental, and is intimately related to the higher forms of creativity. The relationship of adaptive behaviour and play might be compared with that between natural selection and mutation. Play is one of the important sources of man's culture-building faculty by which he changes the world according to his own image.

Z. Alexander Aarons. 'Notes on a Case of *Maladie des Tics*.'

The close tie between aggression and the muscular apparatus is well known. Aarons shows from the analysis of a case of generalized twitching and yelping that the whole voluntary musculature can be grossly hypercathected with libido, and mediate erotic as well as aggressive discharge.

Sandor S. Feldman. 'Blanket Interpretations.'

The author uses the term 'blanket interpretations' to mean interpretations which may be correct when applied to the proper material at the proper time, but

which are indiscriminately generalized. He gives a number of examples showing how much caution is required. Blanket interpretations serve the resistance by obscuring the real anxieties.

Peter L. Giovacchini. 'Some Affective Meanings of Dizziness.'

The symptom of dizziness in three women is found to have similar ontogenetic influences and closely allied precipitating factors. Characterologically, these patients had many similarities. These women had been precociously sexually stimulated and their constantly vigilant egos tried to be prepared for any situation that might lead to sexual excitement. The three patients developed sensations of dizziness in response to unexpected sexual stimulation. The symptom, in each instance, was correlated with a disturbance of psychological equilibrium. (Author's Summary.)

Lawrence S. Kubie. 'Research into the Process of Supervision in Psychoanalysis.'

The process of supervision at present employed in psycho-analytic education contravenes psychoanalytic knowledge in that it assumes that a student can report accurately the content of the sessions. The tape-recording of interviews has shown the startling degree to which this assumption is unfounded, and is greatly valued by the trainees themselves. The development of techniques based on recording is essential for the future study of psychoanalysis and for the training and screening of the supervisors.

Edith Sheppard and Leon J. Saul. 'An Approach to a Systematic Study of Ego Function.'

A series of manifest dreams shows clearly that each patient has characteristic methods of dealing with id impulses. In the attempt to develop 'an alphabet of defence mechanisms, a catalogue of elementary responses' (Waelder), the authors have devised a complex rating system for ego defences based on the degree of awareness of impulses. This system differentiated successfully between the manifest content of the dreams of psychotics, criminals, and normal subjects, when experienced analysts had not been able to do so by inspection.

Pierre Lacombe. 'A Special Mechanism of Pathological Weeping.'

Lacombe describes a case of a woman with neurodermatitis in which weeping alternated with skin irritation as the expression of her desire to be washed away in order to get inside her mother's skin, especially the skin of her breast. If this meaning of pathological weeping is general, it reveals that the desire to get into the skin of the mother's breast may underlie the envy of the penis emphasized by Greenacre.

John Klauber.

NOTICE

International Psycho-Analytical Congress, 1961

As announced in the previous issue of this *Journal*, the 22nd Congress of the International Psycho-Analytical Association will be held under the auspices of the British Psycho-Analytical Society in Edinburgh, Scotland, from 31 July to 3 August, 1961.

The Programme Committee and the Congress Design Committee have been considering various suggestions received from members for improving scientific sessions. These suggestions are mainly concerned with methods of presenting and discussing scientific and clinical problems at our Congresses in such a way that different points of view can be brought out and compared. Obviously, it is not possible to design a Congress programme that will please everyone, but the Committee feel that, if the structure and content of the programme could be experimentally changed from time to time in response to the needs of Congress members, a more satisfactory method of arranging and conducting scientific events would emerge.

The Programme Committee have therefore decided, in consultation with the Congress Design Committee and with the consent of the President of the International Psycho-Analytical Association, to implement some of these suggestions. Their aim is to build up the scientific programme of the Congress largely around themes, which will be presented in the form of symposia with discussion. Instead of the usual method of asking members to submit titles of individual papers for presentation to the Congress, the Programme Committee have selected certain themes from a large number of suggested topics that have been submitted to them, around which they

wish to organise symposia and discussions. They are therefore inviting those members of the Congress who would like to take part in a symposium to indicate the aspects of the theme they would propose to deal with in their paper. It is planned that each symposium paper should take about thirty minutes to read. The Programme Committee hope that those who are not selected to read papers in symposia will be able to contribute to the discussions.

The following symposium themes have been selected:

1. The superego and the ego-ideal
2. Training for psycho-analysis
3. Research in psycho-analysis
4. The psycho-analytic study of thinking
5. Applied psycho-analysis
6. The psycho-analytic situation (the setting and the process of treatment)
7. Child analysis
8. The reclassification of psychopathological states

Members of the International Psycho-Analytical Association who wish to read a paper related to one of the above subjects should notify *Miss Cecily de Monchaux, Ph.D., Hon. Secretary, Programme Committee, Psychology Department, University College, Gower Street, London W.C.1*, BEFORE 1 JUNE, 1960. The inclusion of an outline of the intended contribution will greatly help the Programme Committee to come to its decision about the final programme. Those selected to read a paper will be notified before the summer vacation, 1960.

THE EDWARD BIBRING MEMORIAL COMMITTEE

The Boston Psychoanalytic Society and Institute, Inc., wishes to announce the establishment of the Edward Bibring Memorial Reference Collection. This collection is planned to be a non-circulating one and will include psychoanalytic memorabilia as well as books in psychoanalysis and related fields of historical significance and lasting value.

Gifts to this collection, either in the form of appropriate books or financial contributions, will be gratefully received. These should be addressed to: Dr. Malvina Stock, Secretary, The Edward Bibring Memorial Committee, Boston Psychoanalytic Society and Institute, Inc., 15 Commonwealth Avenue, Boston 16, Massachusetts.

Committee: Mrs. Beata Rank, Co-Chairman; Arthur F. Valenstein, M.D., Co-Chairman; Malvina Stock, M.D., Secretary; Helen Deutsch, M.D.; John M. Murray, M.D.; Helen H. Tartakoff, M.D.; Joseph J. Michaels, M.D., *ex-officio* President, Boston Psychoanalytic Society and Institute; Eleanor Pavenstedt, M.D., *ex-officio* Chairman, Educational Committee; Avery D. Weisman, M.D., *ex-officio* Librarian, Boston Psychoanalytic Society and Institute.

SOCIÉTÉ PSYCHANALYTIQUE DE PARIS

The following members have been elected to the Committee of the Société Psychanalytique de Paris for the year 1960: *President:* Dr. Francis Pasche; *Vice-President:* Dr. Serge Lebovici; *Membre Assesseur:* Dr. Jean Mallet; *Secretary:* Dr. Pierre Marty; *Treasurer:* Dr. Jean Favreau.

BOOK REVIEWS

Psycho-Analysis and Contemporary Thought. Ed. by John D. Sutherland. (London: Hogarth Press and Institute of Psycho-Analysis.)

This book, No. 53 in the International Psycho-Analytical Library, contains the six public lectures given by leading psycho-analysts in England to commemorate the centenary of Freud's birth, together with a short note by Joan Riviere and an introduction by Sylvia Payne.

As an essay in public relations this book is likely to have a great success, for it demonstrates very well the wide applicability of psycho-analytic method and insight, and each contributor in turn is clearly in touch with a responsive audience. To the individual reader, however, the papers will necessarily be of uneven interest, for few of us are equally interested in child welfare, education, art, philosophy, and economic crisis. Psycho-analysts are likely to find the first three papers somewhat elementary, while enjoyment of the second three will depend on personal taste.

Winnicott, Bowlby, and Hellman, who contribute the first three papers on 'Psycho-analysis and the Sense of Guilt', 'Psycho-analysis and Child Care', and 'Psycho-analysis and the Teacher', are all addressing themselves to practical matters which concern most people even though they may also be of professional interest to only a few. The facts about which they are speaking can be observed readily in everyday life and their comments on them represent views common to most analysts. All three papers are exercises in tactful exposition admirably executed.

The three succeeding papers by Milner, Money-Kyrle, and Jacques on 'Psycho-analysis and Art', 'Psycho-analysis and Philosophy', and 'Psycho-analysis and the Current Economic Crises', are a very different kettle of fish. Each of these writers has special competence in an organized field of knowledge, which is essentially independent of psycho-analysis, and each is making an original contribution out of psycho-analytic insight and theory towards the understanding of a problem arising in that field. Each of these papers is therefore directed to a special audience and demands a certain amount of specialized knowledge in the reader.

To attempt a summary of any of these already highly condensed essays would merely be misleading. It is sufficient to say that taken together they do demonstrate, if only on a small scale, the universal relevance of Freud's discoveries.

H. J. Home.

Neurotic Distortion of the Creative Process. By Lawrence S. Kubie, M.D. (Lawrence: University of Kansas Press, 1958. Pp. 151. \$3.00.)

In this book, which is based on a series of lectures given at the University of Kansas, Professor Kubie presents his views on the nature of creative thinking.

Of recent years psycho-analysts have become increasingly interested in the concept of creativity without, it must be admitted, its always being clear to what phenomenon or function the concept is intended to refer. For Kubie it is essentially a matter of invention and selection. In his view creativity is the capacity to reshuffle ideas into novel combinations and then select those which are significant, in the sense of being scientifically valid or artistically communicable. His main thesis is that this capacity is a function of the 'preconscious system' which operates creatively except in so far as it is prevented from doing so by interference from either conscious or repressed unconscious processes. Conscious mental processes interfere with creativity by reason of the limitation of imaginative activity imposed by verbal thinking, while unconscious mental processes distort creativity by disrupting the connexion of symbols with the objects of external reality which they represent. The creative person is not, as many analysts hold, someone who has a special form of access to unconscious phantasy or some particular constellation of psychodynamic forces, but quite simply someone whose preconscious 'prelogical' processes operate relatively undisturbed either by neurotic distortion or intellectual inhibition.

It follows from this that in Kubie's view creativity is not the prerogative of a select but suffering minority, but is a potentiality common to all men, one which they can realize in so far as they can be freed from the restrictions and distortions imposed by neurosis. If Man can learn to free his creative processes from neurotic distortion 'he will stand at the frontiers of wholly new lands of Canaan'.

As a result artists and scientists, who 'tend as a group to be more resistant than other men' have nothing to fear and everything to gain from analysis. Kubie is not impressed by the work of those artists and scientists whose lives and works bear the marks of psychical conflict, and insists rather on its stereotypy and repetitiveness and on its impotence, in the sense that it fails either to resolve the artist's own conflicts or to have any dynamic and lasting effect on society. 'This (the compulsive tendency in unconscious mentation) accounts not only for the personal sterility and impotence of great artists, writers, musicians and scientists, but also for the

cultural sterility and impotence of great art, literature, music and science.'

Although this thesis has a certain value as an antidote to the romantic myth of the artist as a Hero of Neurosis, which must, one surmises, be having a certain vogue in the circles in which Professor Kubie works, and although one must agree that art is a less effective form of individual and social therapy than psycho-analysis, one cannot feel altogether happy about the general tendency of Kubie's thinking about creativity, if only because he entirely neglects many of the distinctions which have most occupied those who have themselves engaged in creative work. How, for instance, would he distinguish between imaginative and fanciful art, between profound and superficial artists, or between productiveness and facility? Does he believe that his strictures on the impotence and sterility of great artists, etc., apply with as much force to classicists as to romantics, from whom historically the conception of the artist as a neurotic derives? What are his views on the psychology of form as opposed to content, meaning, or message? One cannot help suspecting that Kubie is really confusing two very different phenomena, both of which can lay good claims to the term creativity. One is the creativity of the man who pursues his interests and occupation with lively and intuitive intelligence and who is free of compulsions and inhibitions. The other is the original artist or thinker, the genius, to use an old-fashioned term. Much of what Kubie has to say about the distorting effect of neurosis and the untapped creative potential of the common man is certainly valid for the former. The latter remains a much more mysterious phenomenon, and one wonders whether the very simple conceptual framework used by Kubie, the early psycho-analytical idea of three psychic systems, the systems *Ucs*, *Pcs*, and *Cs*, is really an adequate language to discuss it in.

Charles Rycroft.

Peptic Ulcer and Psycho-Analysis. By Angel Garma, M.D. (Baltimore: Williams and Wilkins; London: Baillière, Tindall and Cox 1958. Pp. 137.)

It is difficult to know for whom this book is primarily intended. The author, a recognized authority in this field, may be endeavouring to convince organically-minded doctors that the aetiology of peptic ulcer cannot be dealt with unless due weight is given to deep-seated unconscious emotional factors stemming from the earliest phases of life and expressing themselves as a reaction to contemporary stresses. The end result of those stresses acting upon a susceptible individual is that psycho-somatic syndrome known as peptic ulcer.

The wealth of references to other work in the field of peptic ulcer, together with numerous asides and pieces of anecdotal material, suggest that the author's intention is to convince the organically minded that emotional factors and unconscious ones at that are

the main aetiological determinants of peptic ulcer. On the other hand he swings a long way into the deeper psychopathology of peptic ulcer to carry with him such an unconverted public, and these parts of the book would be more acceptable to and more easily understood by people who, if not psychoanalysts, are at least familiar with psycho-analytic concepts. Even here, however, there are difficulties. The situation suitable for the subsequent development of peptic ulcer is expressed somewhat as follows. There is a regression from a frustrating genital situation to an oral-digestive fixation point, which causes the internally directed aggression to attack the gastric mucosa, and the biting of the inside represents an attack by the bad aspect of the internalized mother-figure. There is also a view which regards the denial of a great dependency need, with consequent frustration as a state which results in the ulcer syndrome. The peptic ulcer patient, genitally speaking, seems to be a boy trying to do a man's job. Thus any set-back, quite often due to the marriage partner, cannot be tolerated or overcome, but rather causes the unconscious pattern of behaviour enunciated above and culminating in peptic ulcer to be set in motion. The precise steps of this regression and its relationship to the internalized breast or to the whole mother are likely to be more complex than those described by the author. Despite this, the book deserves widespread attention by psychoanalysts as well as others who have the problem of treating patients who suffer from peptic ulcers.

A. Hyatt Williams.

Selected Writings of John Hughlings Jackson. Edited for the Guarantors of *Brain* by James Taylor, M.D., F.R.C.P., with the advice and assistance of Gordon Holmes, M.D., F.R.C.P., and F. M. R. Walshe, M.D., F.R.C.P. Volume I: On Epilepsy and Epileptiform Convulsions. Volume II: Evolution and Dissolution of the Nervous System, Speech, Various Papers, Addresses and Lectures. (New York: Basic Books. \$15.00 the set.)

Psychoanalysts will welcome these two volumes of selections from the work of John Hughlings Jackson. It is perhaps to be regretted that all Hughlings Jackson's work has not been published as collected papers for the reader to make his own selection. However, the task the editor has performed for us will show the historical progression of Jackson's ideas.

J. Hughlings Jackson (1835-1909) was born twenty years before Freud. He was interested in psychology and an admirer of Herbert Spencer. Early he resolved to give up medicine and devote himself to philosophy, but he was persuaded to continue his medical career, and became a neurologist. He had a dynamic and genetic approach rare among the neurologists of that day, but greatly valued by Freud. The germs of many of Freud's ideas and

concepts are to be found in his work. Jackson studied 'cases and what occurs in them as departures from what we can learn of the healthy condition without undue adherence to the views words such as epilepsy, palsy, etc., are supposed to convey.'

In the first volume are recorded the results of his study of the epilepsies. Convulsions are a symptom of disease, and by the study of them 'an experiment made on the brain by disease' he developed his theory that the convolutions of the cerebrum contain nervous arrangements representing movements. This led to his theory of dissolution—the opposite of evolution. 'In disease the most voluntary or most special movements, faculties, etc., suffer first and most, that is in an order the exact opposite of evolution.' Insanity, he says, 'is dissolution beginning in the very highest of all nervous centres, the anatomical substrata of consciousness. In insanity there is always a defect of consciousness.'

In the second volume he develops further his ideas of evolution and dissolution, applying them to convulsions, cerebral palsies, speech, to all kinds of mental disorders and to certain states of health. They were ideas which found sympathy with Freud. Jackson's doctrine does not seem to me to be accurately stated by Ernest Jones in *Sigmund Freud, Life and Work* (1, p. 235). As did Freud later, Jackson stressed that the physical must not be confused with the psychical; this is the basis of his doctrine of concomitance.

Though Jackson said he was not able to understand the 'unconscious states of mind', he firmly believed that 'the activities of the highest, least organized, nervous arrangements, during which consciousness, or most vivid consciousness arises are determined by activities of lower more organized nervous arrangements.' He asserts that the anatomical substrata of mentation are sensori-motor processes; and thus the anatomical substrata of words and ideas are motor processes; he also develops this theory in his work on speech and on visual and auditory processes.

There are many interesting papers on varied subjects. In one on intellectual warnings of epileptic seizures, he discusses sensations of reminiscence which, he says, are not uncommon in the normal as well as the epileptic. He agrees with a patient who calls it double consciousness. He thinks there is a diminution of object consciousness and an increase of subject consciousness—a revelation of the normal duality of all healthy mental action. In an address on the psychology of joking, Jackson says that 'persons deficient in appreciation of jocosities in their degrees of evolution, are in corresponding degrees deficiently realistic in their scientific conceptions.' He speaks of the value of the play of the mind in evolution and develops the concept of projection in mental illness.

These two volumes of writings by a man of a great and original mind make fascinating and absorbing

reading. It is, however, difficult reading; his language at first is not easy to understand, partly no doubt because his work was creative. An added confusion is that one cannot always differentiate between Hughlings Jackson's words and those of the editor.

Although these are only extracts from his works which were published in many journals and a notebook, they fill two volumes each of 500 closely packed pages. At the end of the second volume is a complete list of all Hughlings Jackson's writings. This American publication is a reprint of an earlier English edition.

Barbara Woodhead.

Human Groups. By W. J. H. Sprott. (Harmondsworth: Pelican Books. Pp. 219.)

The sub-title of Professor Sprott's book describes it as 'A study of how men and women behave in the family, the village, the crowd, and many other forms of association.' This is a somewhat misleading description, since Professor Sprott has not written an account of his own investigations and ideas, but an introduction to sociology and social psychology which surveys the work of others. In straightforward language he describes the subject-matter under investigation, some of the attempts which have been made to investigate it, and the explanatory hypotheses to which they give rise. He also comments on the advantages and limitations of each approach.

Professor Sprott's attitude to the issues raised by psycho-analysis is one of frank avoidance. In a section on 'The Family' he writes: 'We are here confronted with the great citadel of psycho-analysis, and if we enter it we shall never get out.' A little later he writes: 'Having thus by-passed psycho-analysis we find ourselves in something of a desert.' For this second statement his book provides a good deal of evidence. It is a little surprising, though pleasantly so, to find that the work of both Bion and Jaques, which is briefly described here, stands out so prominently in the total field. Foulkes's contribution to the study of group dynamics is not mentioned.

This is not an original or stimulating book, but it has some interest as an up-to-date survey and provides a list of references.

H. J. Home.

Flying Saucers. By C. G. Jung. (London: Routledge and Kegan Paul. Pp. 184.)

To the reader unacquainted with the development of Professor Jung's work, this book may easily itself appear to be something of an Unidentified Flying Object. Written for the general reader, it is partly a tract for the times and partly an application of Professor Jung's ideas to the problems raised by the reports of flying saucers, which have been made

recently from all over the world. His essay starts from the position that, whether flying saucers exist or not, they certainly appear; that is, they have a psychic reality which can be properly studied quite apart from the question of their physical existence. It is therefore legitimate to ask, 'Why should flying saucers have been appearing recently?' and 'What is the significance or meaning in psychological terms of these appearances?'

Since UFOs have been seen by many people with no previous or subsequent history of delusional vision, an explanation solely in terms of individual psychopathology seems inadequate. Professor Jung suggests that the appearances should be understood as a collective phenomenon, as something happening in individuals in response to pressures experienced by society as a whole. The actual phenomenon that appears he sees as a symbol, which is projected into visual space and is there misunderstood as an object in space-time. Such an appearance, when misunderstood as a material object, stimulates investigation by the ordinary methods of physical science; it should instead, he suggests, be interpreted according to the principles of analytical psychology, whereupon it would be correctly seen as an archetype of the collective unconscious.

As Professor Jung notes, the human psyche has perennially experienced difficulty in distinguishing psychic from material reality. The medieval alchemists, of whom he has made a close study, provide an excellent paradigm of this. Their reports of their opus have an intrinsic ambiguity, which makes it difficult to be sure whether their alembics contained distillations of chemicals or of wisdom. Professor Jung makes the interesting suggestion that the ambiguity of UFO phenomena may be analogous. Historically we know that alchemy developed into the science of chemistry. Will the physical study of UFO phenomena, he asks, lead ultimately to an extension of psychological knowledge?

The case is stated in this book, but quite frankly not argued, and this leads to a suggestiveness in the presentation which eventually becomes wearisome. Of special interest is the historical section, illustrated with plates, which deals with sixteenth-century reports of Unidentified Flying Objects. Is it too much to hope that Professor Jung might in future omit the unnecessary and misleading paragraphs on Freud's theories, which seem to recur in his books with compulsive monotony?

H. J. Home.

The Mormons. By Thomas F. O'Dea. (Chicago: University of Chicago Press. Pp. 289.)

Although it contains no reference to Freud or psycho-analysis and attempts no psychological interpretation of its subject-matter, Mr. O'Dea's history of the Mormon sect can be wholeheartedly recommended to anyone interested in the psychology of social groups. Mr. O'Dea is a scholar of rare

quality, who commands his material and writes with a justness and economy that compels admiration. Precisely because it has not been psychologically 'processed' his account confronts us like a well-taken case history in terms of which the validity of explanations can be tested.

The Mormon church was founded by Joseph Smith in 1830 as the result of religious experiences undergone during several preceding years. Perplexed as a young man by the babel of conflicting religious opinions around him, he went one day into the woods to seek divine guidance as to what he should believe. There God the Father and God the Son appeared to him and told him to prepare himself for important tasks. So began a series of revelations which included the miraculous discovery and translation of a set of gold plates. These Joseph received from an angel, Moroni the son of Mormon, and translated 'by means of two special stones set in rims, making what must have appeared like strange spectacles, to which a breastplate was in some way connected.' These plates, known as the *Book of Mormon*, and purporting to be a history of pre-Columbian America, its settlement by Hebrews and their subsequent destiny and apostasy, became the scripture of the new church. The sect founded on this farrago of revelation not only succeeded in establishing itself as a considerable and respected denomination which continues to thrive, but also in the course of its development virtually colonized the semi-desert State of Utah.

To the psycho-analyst this book presents the story of how certain 'psychotic' ideas were actually worked out in a specific social context. It brings home, in a way clinical studies of individual patients seldom do, the tremendous power of which such ideas dispose, and indicates the processes by which this energy is eventually absorbed into ordinary living, until the original forms lose their cathexis and become mere embarrassments to an intellect which they once overwhelmed.

H. J. Home.

The Objective Psyche. By Michael Fordham. (London: Routledge and Kegan Paul Pp. 214.)

The Objective Psyche contains twelve papers by Dr. Fordham, three of which have not been previously published, and is intended to complement his previous books, *The Life of Childhood* and *New Developments in Analytical Psychology*, as an account of his contribution between 1944 and 1957. The present papers are mainly theoretical in character, and all but two give the impression of being addressed to other analytical psychologists. This detracts somewhat from their value for the common reader, who is likely to be more interested in specific psychological problems than in vindications of analytical psychology as such.

One of the underlying themes which runs through these papers is Dr. Fordham's dissatisfaction with the state of coexistence between psycho-analysis and

analytical psychology. Compromises of this kind, unavoidable in the field of politics, have no place in the field of thought, where, as he realizes, they can only indicate conceptual confusion. An experienced psychotherapist, he is aware of his debt to clinical psycho-analytic research, and this makes him irritated with those analytical psychologists who deny its contribution. At the same time he is irritated with those psycho-analysts who deny the relevance of Jung's work to the understanding of the psychotherapeutic process, and with those lay critics who deny its right to be called scientific.

In his introduction Dr. Fordham emphasizes the need for 'the careful analysis of concepts', and this should surely begin with a recognition that while analytical psychology operates in part with essentially the same concepts as psycho-analysis, it also contains, to its confusion, a great many concepts of a totally different order, which properly belong to the field of comparative psychology. The whole theory of types, for example, is founded on studies using a comparative method of investigation, which cannot be directly applied in the classical analytic situation and which has therefore, of necessity, been applied to phenomena outside it (cf. Jung, *Psychological Types*). This comparative method can certainly be used to throw light on psychic processes observable in the analytic situation by comparing them with psychic processes observable elsewhere, as Dr. Fordham does here in his paper 'The Dark Night of the Soul', and as Jung also has done. Comparative concepts, however, cannot be treated as if they were causal-historical concepts. A 'type', for example, is a logically absolute concept (i.e. outside the category of time) and cannot, therefore, be thought of as changing in time; it is also a collective concept, which expresses a relationship between particular objects or events and cannot in consequence ever be treated as if it were an individual object or event.

Failure to recognize the logical limitations of type concepts can lead and has led to theoretical confusions and to misunderstandings about the nature of the therapeutic process in psychotherapy. In particular it has led to speculative explanatory hypotheses, which cannot be validated empirically, but which come to be treated as if they had been so validated. Such explanatory hypotheses 'would' explain 'if they were true', but the question whether they are true or not is begged. It is surely inevitable and right that speculations of this kind should be classed with religious speculations which take the same form in speculating about the nature of God while begging the question of God's existence.

To indicate these conceptual weaknesses in the theoretical framework which Dr. Fordham uses is not to deny the value of his contribution. Weaknesses of the same kind exist in psycho-analytic theory, as Dr. Fordham shows in his paper 'Reflections on Individual and Collective Psychology', where he

examines some ideas of Bion's. Here he is speaking of the psychology of groups, and demonstrates convincingly the inadequacy of individual concepts to comprehend the totality of collective processes. This is a matter which group psychotherapy has brought sharply into focus and may well lead to that clarification of concepts which Dr. Fordham is not alone in seeking. It is to be hoped that he will not rest content with an eclectic solution to the many important questions he has raised.

H. J. Home.

On Shame and the Search for Identity. By Helen Merrell Lynd. (London: Routledge and Kegan Paul, 1958. Pp. 318. 25s.)

Although Mrs. Lynd's expressed intention is to explore the experience of shame and its relation to the sense of identity, her more fundamental purpose is to state her position with regard to certain tendencies in contemporary American sociological and psychological thinking. Her book belongs on the same shelf as the work of Riesman, L. H. Whyte, Jr., and Wheelis, and should not, despite its title, be regarded as a monograph on a specific psychological theme.

Mrs. Lynd's thesis is that the present tendency in American thought towards notions of conformity and adjustment, ideas which, as a social philosopher committed to the liberal humanist tradition, she views with understandably deep misgivings, is in part due to the way in which uncritical use of the concept of guilt has blocked understanding of the importance of that range of experiences denoted by shame, pride, humility, and self-respect. By guilt Mrs. Lynd, like most American writers, means exogenous guilt produced by internalization of externally derived standards, and her point is really that this concept, or rather its use as an omniscient explanatory notion, with its 'other-directed' implications, detracts attention from those aspects of human personality which relate to self-awareness and self-evaluation. Furthermore, she argues that the two psycho-analytical explanations of shame, that is, fear of ridicule (Freud) or a sense of failure to live up to one's ego-ideal (Piers), both ignore its essence which is a painful heightening of self-consciousness, and have failed to appreciate the close connexion between shame and insight. Here Mrs. Lynd makes what is, I believe, a very fundamental point, viz. that every experience of shame contains the potentiality for an increase in knowledge of oneself and of one's relation to the outside world; that private experiences of shame, which are usually regarded as the recognition of failure to live up to one's ego-ideal, are really perceptions of aspects of oneself which are not included in one's idea of oneself and involve not so much a sense of failure to live up to an ideal as a discovery that the ideal is after all only an ideal; and that public experiences of shame are really perceptions

that one's idea of oneself relative to others has been incorrect or inadequate. Put in terms derived from Dr. Winnicott's work, this rather general notion of Mrs. Lynd's could be given more specific psycho-analytical formulation by saying that shame is an emotion deriving from a conflict about disillusion in respect of either (a) one's idealized conception of oneself, or (b) one's illusion of primary identification with others, or (c) one's idealized objects. This conflict may be dealt with either by further denial leading to pride and reinforcement of narcissism or by increased insight leading to self-respecting humility and a heightened sense of identity.

As regards Mrs. Lynd's analysis of contemporary trends towards notions of conformity and adjustment, and her view that psycho-analysis is implicated in this trend, it can be said that although she has read widely, sympathetically and, in general, comprehendingly through much of the American psycho-analytical literature, she has unfortunately missed the one book which discusses the relation of psycho-analysis to values and to the humanist tradition at her own level of culture and sensitivity. This is Marjorie Brierley's *Trends in Psycho-Analysis*, where the relevance of process theory to psycho-analysis and the dangers implicit in reification of topographical concepts—to mention only two points made by Mrs. Lynd—are discussed in a way that she would have found rewarding.

Of the use or misuse that American society may make of psycho-analytical concepts in its search for a philosophy of life, the present reviewer can have nothing to say. He can only regret Mrs. Lynd's failure to take any account of psycho-analytical thought in Great Britain.

Charles Rycroft.

Greek Culture and the Ego. By Adrian Stokes. (London: Tavistock, 1959. Pp. 90.)

The concept of an ego-figure is put forward by the author gracefully and in a way which is convincing. He begins by stating the sources from which he has derived the necessary material for the development of his central theme. This is from Freud's work, but more particularly from the developments and expansions of that work which are associated with the name of Melanie Klein. In particular the phenomena of introjection and projection, of projective identification, together with splitting and fragmentation of internal and external objects, are essential concepts in the synthesis of the ego-figure. This development can take place only when the paranoid-schizoid position has been successfully passed and the depressive position negotiated. By these means the good objects inside the self, representing the good internalized breast and later the whole mother, are able to exist without excessive idealization. When there is excessive idealization, of course, there must also be the tendency to demonification. Ideally there

develops an intra-psychic balance of forces leading to a tolerance of diversity within the self and, of course, outside the self. Thus there is neither excessive yielding to greed nor to any of the other instinctual impulses, nor is there an excessive clamping down upon the impulse life leading to asceticism. The kind of individual the author has in mind is one in whom psycho-analysis has been successful.

Turning to Greek culture, he attempts to explain the 'Greek Miracle', which is the fact that in a society in the fifth century B.C. such ego-values as tolerance of individuality and diversity, and such esteem of Truth, Beauty, and Justice should have existed. The explanation can be found by means of an understanding of Kleinian theory which makes it comprehensible that human dignity should be based upon the development of an integrative balance or mean in which pleasure is accepted and enjoyed but not to excess, and in which the harsh realities of illness and death can be faced without manic denial. By the development of such a harmonious balance between diverse or even opposing forces, i.e. by the integration of the good internal object, metamorphosed and strengthened by having surmounted the paranoid-schizoid obstacles, and the constant intra-psychic metabolism of the depressive position in which the good object phoenix-like is reborn, and each time strengthened, there can be the maximum tolerance of reality without resort to the magical and the mystical. That not only the first democracy, but the beginnings of scientific conceptualization based entirely upon the rational arose from Greek society, is ascribed to the intra-psychic structure based upon the ego-figure, balanced and tolerant, in which for the first time in the history of the world fully crystallized individuality became possible for a human being.

In this setting, Art was based upon balanced beauty, completeness and grace of form, and that degree of detachment or 'otherness' which gives it external individuality. It was a projection of the structured ego-figure with its wholeness and its balance in a setting of flexibility and diversity. The author ends the section on Art by stating that shape, pattern, growth, rhythm, interlocking parts of whatever kind restore ourselves to ourselves. I think he means that the flowering of the creative impulse, the representative of the life instinct, keeps at bay the forces of destruction within the self and, by means of the external tangible work of art, enables a person to attain still further development, balance, and integration.

A. Hyatt Williams.

The Quest for Identity. By Allen Wheelis. (London: Gollancz, 1959. Pp. 250. 21s.)

Dr. Wheelis has written an interesting and unusual book. Its interest derives not so much from its subject matter, which is the not unfamiliar one of the predicament of twentieth-century American man in

a world from which the father figures have departed, as from the author's highly individual presentation of his theme. Dr. Wheelis is a psycho-analyst, but his book, so far from being a theoretical or academic interpretation of the lost American's quest for an identity, is an admittedly personal document, his culturally orientated interpretation, being illustrated by a thread of personal and revealing narrative. Dr. Wheelis deliberately eschews the convention by which a writer conceals his own subjective motives for becoming concerned with his chosen topic and allows the reader to see clearly the personal history and conflict that lies behind his choice of theme. Dr. Wheelis is, it must be added, an American with his roots in an American past which is rapidly becoming incomprehensible to those lacking an historical imagination. As he himself says, 'The figure which emerges is more characteristic of the nineteenth century than of the twentieth, and so, while native to this place, is a stranger to this time.' The result of this admixture of the objective and subjective is a work of art which will be remembered after more learned and sounder treatments of the same theme have been forgotten.

However, despite the reviewer's enjoyment and admiration of the personal quality of this book, he remains unconvinced of the scientific validity of its central thesis. It is the author's contention that one of the most important consequences of the technological changes of the last fifty years has been disruption of the individual's identification with his parents—and by parents he usually means father—and loss of the sense of identity which in his view derives from such identification. This disruption, he argues, has led to weakening and depersonalization of the superego—'Formerly morality was obedience to the virtues instilled by parents; it is coming now to be compliance with the practice of one's peers.'—and to a decrease in the extent of unconscious motivation in human affairs. Largely as a result of the spread of psycho-analytical ideas modern man entertains consciously, and acts upon, impulses which previous generations repressed. Weakening of the superego and loss of belief in the absolute values associated with it have led to a widespread loss of the sense of identity, to a sense of futility, and to an increasing demand on psycho-analysts to provide something that psycho-analysis can only release if it is already present but cannot create: an identity and a purpose for living. 'Knowledgeable moderns put their backs to the couch and in so doing they fail occasionally to put their shoulders to the wheel.'

In the present reviewer's opinion this thesis over-estimates the importance of father-deprived social values in establishing a sense of identity and ignores much recent psycho-analytical work, such as that of Winnicott and Spitz, which suggests that establishment of a firm sense of identity has much more to do with the pre-oedipal relation to the mother than with

the oedipal identification with the father described by classical analytical theory, and that of Klein and Fairbairn which relates the sense of futility to ambivalence towards the introjected mother. Freud's classical formulation that self-observation is a superego function needs expanding in the light of later work on the pregenital antecedents of the superego.

It is, for instance, doubtful whether the secure sense of identity of the nineteenth century can really be attributed to identification with the father. In so far as it is not a myth—for in England at least there is a considerable literature on Victorian doubt and despair—it may well have been due to the closer tie to the mother, the longer and less scheduled breastfeeding, and the unquestioning assumption by mothers and nannies that the care of infants was a full-time and engrossing occupation. Nor can the sense of identity which requires the support of religious and settled social beliefs be taken at its face value; it can also be regarded as a homosexual defence against ambivalence towards the mother. So far from modern man having lost a true sense of identity, it may well be that as his external supply of idealized father-figures is being diminished by the disillusioning effect of the spread of scientific knowledge he is being forced to become aware of himself in terms of his capacity to love, without recourse to the supports of religion or morality, which as Jones pointed out in his paper on 'Love and Morality' is ultimately a defence against infantile ambivalence. From this point of view the loss of identity which Wheelis describes is really loss of defensive identifications, while the quest for identity is either the search for some new defensive organization or for access to the one value which is not culturally determined, the capacity to love.

Nor is the present reviewer convinced that unconscious motivation is less significant than it was in the past. The widespread knowledge of psycho-analytical notions has had the effect of increasing the capacity for dissociation and rationalization rather than of effecting a true liberation of libidinal energies. The simultaneous emergence of freer sexual behaviour with an increase in the incidence of a sense of futility, which is in effect the picture of contemporary American life given by Wheelis, suggests pseudo-sexuality masquerading as 'adjustment' rather than the genuine article.

Charles Rycroft.

The Criminal, the Judge, and the Public. By Franz Alexander, M.D., and Hugo Staub. Revised Edition. (Glencoe, Illinois: Free Press and Falcons Wing Press, 1957. Pp. 239.)

It is always a difficult task to bring up to date even so notable a book as this, after the lapse of more than a quarter of a century. Many of the reforms which were suggested and indicated by the first edition of this book have been accomplished. In particular, the basic formulation that the criminal act and the

criminal character are due to unconscious causes is now almost fully accepted. Nobody would dispute the fact that the outward manifestations of crime are but the visible part of the iceberg, and that the submerged and larger part is below the surface of consciousness. Psycho-analysis affords the best and only means of delineating, evaluating, and altering in a favourable direction, this submerged part. The plea of the book is that attention should be paid to unconscious processes, and that the seemingly inexplicable can thereby be understood.

The main emphasis seems to be upon the uncovering of id impulses with the implication that the ego will look after itself. It is thought that it would have been in line with more recent developments in the psycho-analytic study of crime had ego development been dealt with in greater detail, in particular in the achievement of a balance between over-ebullient instinctual impulses and the controlling forces. The recognition of a balance of forces inside the criminal psyche gives the opportunity to effect a synthesis rather than an ineffectual compromise between those who wish to treat the criminal as only ill and those who regard him as merely bad.

The clinical presentation is clear and interesting, as well as having an absolutely authentic ring, and there is a great deal of lasting merit in this book. It should be read by workers in psychiatric, legal, and psycho-analytic fields who cannot fail to derive benefit from it.

A. Hyatt Williams.

The Revolt of the Middle-aged Man. By Edmund Bergler, M.D., (London: Bernard Hanison. 30s.)

With easier and more frequent divorce it is becoming increasingly clear that divorce seldom supplies the answer to the problem marriage. In so far as the pattern of the marriage is unconsciously determined by the partners, very much the same pattern with its difficulties and deadlocks may be, and in fact is, likely to be repeated after divorce in subsequent

marriages. This has been said before and Dr. Bergler's contribution is to show with clarity and force that the discontent of the middle-aged man with his lot can hardly be avoided. It is as inevitable as are adolescent difficulties and is indeed a repetition of adolescent difficulties in middle age which he calls 'the middle-aged revolt'.

The book is vividly written, and its argument is backed by case histories and reports of analytic sessions with men and women in regard to their marriage problems. These are always tersely put and very much to the point.

Dr. Bergler stresses the importance of psychic masochism and the special characteristics it develops in middle age in bringing about as their end effect the middle-age revolt; closely related in cause and effect is middle-age hypochondria, with which he deals quite fully in a later chapter. Dr. Bergler does not confine his study narrowly to marriage, but follows the interlocking effects of the middle-age revolt in wider spheres, including the field of friendship, on which he has some important things to say.

After years of accumulating a wealth of clinical material it is not unnatural that Dr. Bergler makes some sweeping generalizations which one might feel like challenging in places. But perhaps the most important criticism one can make of his book is that he fails to consider that just as the revolt of the adolescent would seem to be not just a pathological state, but an inevitable and valuable step in the development of the growing child, in his effort to become an individual, so the middle-age revolt may be not just an illness which has to be gone through, but potentially a further step in the development of the individual.

Sybille L. Yates.

The publisher of *Hospital Treatment of Alcoholism*, by Robert S. Wallerstein and Associates, reviewed in our last issue, was given as Basic Books of New York. There is, however, also an English edition published by Imago Publishing Company, London.

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Parts 2-3

SEPARATION ANXIETY¹

By

JOHN BOWLBY, LONDON

OBSERVATIONS OF YOUNG CHILDREN

Since 1948 the Tavistock Child Development Research Unit has been concerned with recording the manifest responses which commonly occur when children between the ages of about 12 months and 4 years are removed from the mother figures² to whom they are attached and remain with strangers. Preliminary papers and a scientific film have been published (67, 64, 65, 13, 14) and a comprehensive report by James Robertson and the writer is in preparation. In it we shall draw not only on Robertson's own observations and those of other workers reported in the scientific literature, notably those of Burlingham and Freud (17, 18), and Heinicke (42), but also on reports given us by mothers and nurses with first-hand experience of the problem. Since there is a high consensus in these reports we regard it as firmly established empirically that all children of this age, except those who have already suffered considerable deprivation of maternal care or are seriously ill, react to the experience with shock and anxiety. Our confidence in the validity of these observations is something we wish to emphasize since it is not uncommon for those whose theories lead to expectations of a different kind to cast doubt on them. In our view it is the theories which are mistaken, not the observations, and it is with the theoretical issues raised by these data that this paper is concerned.

It is evident, however, that the nature and dynamics of the responses to the rupture of a social bond cannot be understood until there is some understanding of the nature and dynamics

of the bond itself. It was because of this that in a recently published paper (16) I discussed how best the nature of the young child's tie to his mother could be conceptualized. In it I advanced the view that instead of the tie being motivated by a secondary drive or one wholly based on orality, which are the most commonly held views today, it may be mediated by a number of instinctual response systems which are partially independent of one another and which wax and wane in activity at different periods of the infant's and young child's life. I suggested that much psychoanalytic theory, by concentrating attention too narrowly either on the meeting of 'physiological' needs (e.g. for food and warmth) or on orality, may have led to the picture as a whole being seen out of perspective; and that other responses, particularly clinging and following which seem to reach their zenith in the second and third years, require far more attention than they have yet been given.

The reasons leading me to advance these views are clinical: traditional theory has seemed to me to account neither for the intense attachment of child to mother-figure which is so conspicuous in the later months of the first year and throughout the second and third years of life, nor for the dramatic responses to separation from her which are the rule in these years. A formulation, based on a theoretical framework stemming from modern instinct theory, has seemed to me more promising. It is the line of thought begun in the previous paper that I shall pursue further in this one.

First let us consider the data.

¹ An abbreviated version of this paper was read before the British Psycho-Analytical Society on 5 November, 1958.

² Although in this paper I shall usually refer to mothers,

it is to be understood that in every case I am concerned with the person who mothers the child and to whom he becomes attached, rather than to the natural mother.

Our observations³ concern healthy children of 15 to 30 months admitted to a hospital, perhaps for investigation or elective surgery, or to some other residential institution and there cared for in traditional ways. By traditional ways we mean that the child is handled by a succession of strange nurses, mainly students, who will variously bathe, feed, and change him. The nurses will be on shift duty, and often within a few weeks most will have moved to other departments. No matter how kind each may be in her fragment of care, there will be no nurse whom he can come to know or with whom he can enter into a stable relationship. He may see his mother for a short time each day, but it may be less often. In this context a child of 15 to 30 months who has had a normal relationship to his mother and has not previously been parted from her will commonly show a predictable sequence of behaviour. This sequence can usefully be broken into three phases according to what attitude to his mother is dominant. We describe these phases as those of protest, despair, and detachment.⁴ Though in presenting them it is convenient to differentiate them sharply, it is to be understood that in reality each merges into the next, so that the child may be for days or weeks in a state of transition from, or alternation between, one phase and another.

The initial phase, that of *Protest*, may last from a few hours to a week or more. During it the young child appears acutely distressed at having lost his mother and seeks to recapture her by the full exercise of his limited resources. He will often cry loudly, shake his cot, throw himself about, and look eagerly towards any sight or sound which might prove to be his missing mother. All his behaviour suggests strong expectation that she will return. Meantime he is apt to reject all alternative figures who offer to do things for him, though some children will cling desperately to a nurse.

During the phase of *Despair*, which succeeds protest, his preoccupation with his missing mother is still evident, though his behaviour suggests increasing hopelessness. The active physical movements diminish or come to an end, and he may cry monotonously or intermittently. He is withdrawn and inactive, makes no demands on the environment, and appears to be in a state of deep mourning. This is a quiet stage, and sometimes, clearly erroneously, is

presumed to indicate a diminution of distress.

Because the child shows more interest in his surroundings, the phase of *Detachment* which sooner or later succeeds protest and despair is often welcomed as a sign of recovery. He no longer rejects the nurses, accepts their care and the food and toys they bring, and may even smile and be sociable. This seems satisfactory. When his mother visits, however, it can be seen that all is not well, for there is a striking absence of the behaviour characteristic of the strong attachment normal at this age. So far from greeting his mother he may seem hardly to know her; so far from clinging to her he may remain remote and apathetic; instead of tears there is a listless turning away. He seems to have lost all interest in her.

Should his stay in hospital or residential nursery be prolonged and should he, as is usual, have the experience of becoming transiently attached to a series of nurses each of whom leaves and so repeats for him the experience of the original loss of his mother, he will in time act as if neither mothering nor contact with humans had much significance for him. After a series of upsets at losing several mother-figures to whom in turn he has given some trust and affection, he will gradually commit himself less and less to succeeding figures and in time will stop altogether taking the risk of attaching himself to anyone. Instead he will become increasingly self-centred and, instead of directing his desires and feelings towards people, become preoccupied with material things such as sweets, toys, and food. A child living in an institution, or hospital who has reached this state will no longer be upset when nurses change or leave. He will cease to show feelings when his parents come and go on visiting day; and it may cause them pain when they realize that, although he has an avid interest in the presents they bring, he has little interest in them as special people. He will appear cheerful and adapted to his unusual situation and apparently easy and unafraid of anyone. But this sociability is superficial: he appears no longer to care for anyone.

We have had some difficulty in finding the best term to denote this phase. In previous papers and in the early drafts of this one the term 'denial' was used. It gave rise to many difficulties, however, and is now abandoned in favour of the more purely descriptive term 'de-

³ This account is adapted from those given in (67) and (65).

⁴ In the previous paper and the early drafts of this one

the term 'denial' was used to denote the third phase. The problem of terminology is discussed more fully after the phase of detachment has been described.

tachment'. An alternative is 'withdrawal', but this has two disadvantages for my purpose. In the first place there is a danger that it might convey the picture of an inactive child withdrawn from the world, a picture that is the opposite of what often obtains. In the second, in psycho-analytic writing it is commonly associated with libido theory and the idea of instinct as a quantity of energy which can be withdrawn, a model I am not using. Not only does the term 'detachment' have neither of these disadvantages, but it is a natural counterpart of 'attachment'. The nature of the defence process, or processes, that give rise to it is of course a matter for detailed study. In an earlier publication (14) I have discussed briefly its relation to repression and I hope at a later date to give this further attention.

Returning now to the empirical data, I wish to emphasize that the behaviour seen in the phases of Protest and Despair is not, as is sometimes alleged, confined to children whose relations to their mothers are already impaired. Though we have no large series of well-observed cases to quote, we are satisfied that there is clear evidence that it occurs in children whose previous relationships would be judged to have been anything between excellent and fairly unfavourable. It appears to be only in children whose relationships are already severely impaired, and who may therefore already be in a phase of Detachment, that such behaviour is absent.

In examining the theoretical problems raised by these observations it is convenient to consider them with reference to these three phases of behaviour. The phase of Protest raises the problem especially of separation anxiety; Despair that of grief and mourning; Detachment that of defence. Each of them is central to psycho-analytic theory and will therefore need detailed discussion—the first in this paper, the second and third in succeeding ones. The thesis to be advanced is that the three types of response—separation anxiety, grief and mourning, and defence—are phases of a single process and that when treated as such each illuminates the other two.

Often in the literature they have been considered piecemeal. The reason for this appears to be the inverted order in which their psychopathological significance was discovered: for it was the last phase which was recognized first, and the first last. Thus the significance of defence, particularly repression, was realized fully by Freud in the earliest days of his psycho-

analytic work and provides the basis of his classical theorizing: his first paper on the subject is dated 1894 ('The Defence Neuro-Psychoses', *C.P.* 1). His grasp of the roles of grief and separation anxiety on the other hand, although not wholly absent in his earlier work, was none the less fragmentary. Thus, although early alive to the place of mourning in hysteria and melancholia (see note of 1897 to Fliess, *S.E.* 14, p. 240), twenty years were to elapse before, in *Mourning and Melancholia* (1917), he gave it systematic attention. Similarly in the case of separation anxiety: although in the *Three Essays on Sexuality* (1905) he gave it a paragraph (*SE.* 7, p. 224), and in the *Introductory Lectures* (1917) three pages (pp. 339–341), it is not until 1926 that in his important late work, *Inhibitions, Symptoms and Anxiety* (*S.E.* 20), he gives it the central place in what was to be his final theory of anxiety. 'Missing someone who is loved and longed for,' he affirms, 'is the key to an understanding of anxiety', and it is on this datum that the whole argument of his book rests.

The reason for this inverse recognition of the three phases is clear: always in the history of medicine it is the end result of a pathological sequence which is first to be noted. Only gradually are the earlier phases identified, and it may be many years before the exact sequence of the whole process is understood. Indeed it was understanding the sequence which baffled Freud longest. Does defence precede anxiety, or anxiety defence? If the response to separation is pain and mourning, how can it also be anxiety? (*S.E.* 20, pp. 108–109 and 130–131). It can now be seen that during the thirty years of his main psycho-analytic explorations Freud traversed the sequence backwards, from end result to initial stage. Not until his seventieth year did he clearly perceive the source and course of the processes to which he had devoted half a lifetime of study. The effects on psycho-analytical theorizing have inevitably been confusing.

By 1926 a substantial corpus of psycho-analytic theory was already being taught. As regards anxiety, castration anxiety and superego anxiety were cornerstones of thought and practice in Vienna and elsewhere, whilst Melanie Klein's hypothesis relating anxiety to aggression had recently been formulated and, linked to the concept of the death instinct, was soon to become a key concept in a significant new system. The full weight of Freud's ideas on separation anxiety and its relation to mourning came too

late to influence the development of either of these two schools of thought.

Moreover, apart from the prophetic early reference by Hug-Hellmuth (47) and a brief word by Bernfeld (9), some years were to pass before the clinical papers drawing attention to the pathogenic significance of separation experiences were published. Some of the earliest, by Levy (57), Bowlby (10, 11), and Bender (7), presented empirical evidence suggesting an aetiological relationship between certain forms of psychopathic personality and severely disrupted mother-child relationships. At about the same time, Fairbairn (23, 24) was basing his revised psycho-pathology on separation anxiety, having been preceded by some years by Suttie (73) and to be followed a few years later by Odier (61); whilst Therese Benedek (8) was describing responses to separation, reunion and bereavement which were to be observed in adults during the war. Meanwhile the first-hand observations of Dorothy Burlingham and Anna Freud (17, 18) of how young children respond to separation were being recorded, and Spitz (69a) was about to shock those who had eyes to see with his account of extremely deprived babies. Despite all this work by qualified analysts, however, and a number of important papers by Goldfarb (33) and others, separation anxiety has never gained a central place in psycho-analytic theorizing. Indeed Kris (56a), writing as a participant in the Viennese scene, remarked recently how, when in 1926 Freud advanced his views regarding separation anxiety, 'there was no awareness amongst analysts . . . to what typical concrete situations this would apply. Nobody realized that the fear of losing the object and the object's love were formulae to be implemented by material which now seems to us self-evident beyond any discussion.' He acknowledged that only in the past decade had he himself recognized its significance, and could have added that even today there are schools of analytic thought which deny its importance. The continuing neglect of separation anxiety is well illustrated by a recent and authoritative survey of 'the concept of anxiety in relation to the development of psycho-analysis' (78) in which it is not once mentioned.

In the event, it is clear, some of the ideas Freud advanced in *Inhibitions, Symptoms and Anxiety* fell on stony ground. This was a pity, since in that book, written at the end of his professional life, he was struggling to free himself of the perspective of his travels—defence, mourn-

ing, separation anxiety—and instead to view the sequence from his new vantage point: the priority of separation anxiety. In his concluding pages he sketches out a new route: anxiety is a reaction to the danger of losing the object, the pain of mourning to the retreat from the lost object, defence a mode of dealing with anxiety and pain. This is the route we shall be following.

PRINCIPAL THEORIES

No concept is more central to psycho-analytical theory than the concept of anxiety. Yet it is one about which there is little consensus of opinion, which accounts in no small measure for the divisions between different schools of thought. Put briefly, all analysts are agreed that anxiety cannot be explained simply by reference to external threat: in some way processes usually thought of as internal and instinctive seem to play a crucial role. But how these inner forces are to be conceptualized and how they give rise to anxiety, that has always been the puzzle.

As a result of this state of affairs we find, when we come to consider how analysts conceive separation anxiety, some widely differing formulations; for each formulation is strongly influenced by the particular outlook regarding the nature and origin of anxiety which the analyst happens to have. Moreover, the place given to separation anxiety within the wider theory of anxiety varies greatly. For some, like Hermann and Fairbairn, separation anxiety is the most important primary anxiety; for others, like Freud in both his earlier and later work, it is only the shortest of steps removed from being so; for others again, like Melanie Klein and her associates, separation anxiety is deemed to be secondary to and of less consequence than other and more primitive anxieties. This being the present state of thought, inevitably the discussion has to touch on all aspects of the theory of anxiety. Yet it will be my plan to restrict the wider discussion as far as possible in order to concentrate on the task in hand, namely to understand separation anxiety and its relation to mourning.

A review of the literature shows that there have been six main approaches to the problem of separation anxiety; three of them are the counterparts, though not always the necessary counterparts, of theories regarding the nature of the child's attachment to his mother. In the

order in which they have received attention by psycho-analysts, they are:—

(i) The first, advanced by Freud in *Three Essays* (1905), is a special case of the general theory of anxiety which he held until 1926. As a result of his study of anxiety neurosis (1894) Freud had advanced the view that morbid anxiety is due to the transformation into anxiety of sexual excitation of somatic origin which cannot be discharged. The anxiety observed when an infant is separated from the person he loves, Freud holds, is an example of this, since in these circumstances the child's libido remains unsatisfied and undergoes transformation. This theory may be called the theory of *Transformed Libido*. It resembles in many ways the sixth main approach, which is the one adopted here.

(ii) The anxiety shown on separation of young children from mother is a reproduction of the trauma of birth, so that birth anxiety is the prototype of all the separation anxiety subsequently experienced. Following Rank (63) we can term it the *Birth-Trauma* theory. It is the counterpart of the theory of return-to-womb craving to account for the child's tie.

(iii) In the absence of the mother the infant and young child is subject to the risk of a traumatic psychic experience, and he therefore develops a safety device which leads to anxiety behaviour being exhibited when she leaves him. Such behaviour has a function: it may be expected to ensure that he is not parted from her for too long. I shall term this the *Signal* theory, employing a term introduced by Freud (*Inhibitions, Symptoms and Anxiety*, 1926). It is held in three variants according to how the traumatic situation to be avoided is conceived. They are: (a) that the traumatic situation is an economic disturbance which is caused when there develops an accumulation of excessive amounts of stimulation arising from unsatisfied bodily needs; (b) that it is the imminence of a total and permanent extinction of the capacity for sexual enjoyment, namely aphanisis (50). (When first advanced by Jones as an explanation of anxiety, the theory of aphanisis was not related to the anxiety of separation; two years later, however, he sought to adapt it so as to fit in with Freud's latest ideas). Finally (c), there is the variant proposed by Spitz (70) that the traumatic situation to be avoided is one of narcissistic trauma. It should be noted that in the history of Freud's thought the *Signal* theory stems from,

and is in certain respects the counterpart of, the theory which explains the child's tie to his mother in terms of secondary drive.

(iv) Separation anxiety results from the small child, owing to his ambivalence to his mother, believing when she disappears that he has eaten her up or otherwise destroyed her, and that in consequence he has lost her for good. Following Melanie Klein (55) we can call it the theory of *Depressive Anxiety*.

(v) Following the projection of his aggression, the young child perceives his mother as persecutory: as a result he interprets her departure as due to her being angry with him or wishing to punish him. For these reasons whenever she leaves him he believes she may either never return or do so only in a hostile mood, and he therefore experiences anxiety. Again following Melanie Klein, this can be termed the theory of *Persecutory Anxiety*.

(vi) Initially the anxiety is a primary response not reducible to other terms and due simply to the rupture of the attachment to his mother. I propose to call it the theory of *Primary Anxiety*. It is the counterpart to theories which account for the child's tie to his mother in terms of component instinctual responses. It has been advanced by James (49), Suttie (73) and Hermann (44), but has never been given much attention in analytic circles.

The hypothesis I shall be adopting is the sixth, since it stems directly from my hypothesis that the child is bound to his mother by a number of instinctual response systems, each of which is primary and which together have high survival value. Soon after birth, it is held, conditions of isolation tend to activate crying and a little later tend to activate both clinging and following also; until he is in close proximity to his familiar mother-figure these instinctual response systems do not cease motivating him. Pending this outcome, it is suggested, his subjective experience is that of primary anxiety; when he is close to her it is one of comfort.

Such anxiety is not to be conceived merely as a 'signal' to warn against something worse (though it might subsequently come to have this function). Instead, it is thought of as an elemental experience and one which, if it reaches a certain degree of intensity, is linked directly with the onset of defence mechanisms. It is because of this, and because I wish to distinguish it sharply from states of anxiety dependent on foresight, that I have termed it *Primary Anxiety*.⁵

⁵ As explained in my previous paper (16), 'the terms primary and secondary refer to whether the response is built-in and inherited or acquired through the process of learning.'

Although I believe states of primary anxiety due to separation to be among the most frequent and pathogenic of such states, it is postulated that primary anxiety will arise in other circumstances also—perhaps whenever any instinctual response system is activated but not terminated. Primary anxiety due to separation seems likely, therefore, to be but one example of a common condition. It has, however, several special features. Not least of these is its specially close linkage in infants and young children to the experiences of fright and fear. When frightened, infants and young children look to their mother for security and if they fail to find her are doubly upset: both comfort and security are missing.

It is interesting, though by no means easy, to compare the theory of primary anxiety with Freud's two theories. The similarity to his original one of Transformed Libido is close. Although on occasion Freud spoke as though libido could only be transformed into anxiety after it had first been repressed, this does not appear to be basic to his formulation. Indeed, in his discussion of the conditions which lead anxiety to become pathological the process inculcated is repression ('Little Hans', *S.E.* 10, p. 26); in the absence of repression, we may therefore infer, there would still be anxiety, but it would be within normal limits. If this is a correct reading, then the main difference appears to be that, whereas in the theory advanced here primary anxiety is an immediate consequence of the persistent activation without termination of certain instinctual response systems, in Freud's theory anxiety is conceived as being the result of a 'transformation' which the libido undergoes.

The theory of primary anxiety appears to differ more from Freud's second theory, that of Signal Anxiety, than from his first. The principal difference here is that Freud postulates that a fairly complex process of motor learning must have occurred. The other difference, though it is not logically necessary for his position, is that he postulates also some awareness in the infant of causal relationships. The theory advanced here on the other hand makes no such assumptions and, instead, sees the anxiety as primitive and dependent only on simple orientational learning. Nevertheless, it must be remembered, Freud also postulated the existence of a primitive biologically based anxiety which is evoked by separation, and it is therefore useful to compare the two views. In Freud's theory this primitive

anxiety is conceived as resulting from the instincts serving the infant's *bodily needs*, e.g. for food, becoming active and not being satisfied: in the theory here advanced it is conceived as resulting from the *instinctual response systems underlying attachment behaviour* (notably crying, following, and clinging) becoming activated and remaining so. Thus in both cases the primitive anxiety is conceived as resulting from instinctual systems which, whilst gratified by the mother's actions or presence, remain ungratified in her absence; or, in terms of the conceptual framework used here, from instinctual responses which, whilst terminated by the mother's actions or presence, remain unterminated in her absence. The essential difference therefore lies in the nature of the instinctual systems postulated as being involved.

At first sight the theory of primary anxiety may also seem to have something in common with the Birth Trauma theory. For instance, some might argue that, if anxiety is experienced at birth, it is no more than one example of primary anxiety arising from separation. However, this seems to me improbable since, like Freud (*S.E.* 20, pp. 130–131), I am not satisfied that true separation anxiety is present in the earliest months.⁶ The birth trauma theory is not regarded as having explanatory value.

Whilst the theory of primary anxiety postulates that separation anxiety is itself an unlearned and biologically based anxiety, it is far from blind to the existence and pathogenic importance of anxieties which are dependent on learning and anticipation. In the human it seems useful to distinguish at least two main forms of anticipatory behaviour—that based on primitive forms of learning, such as conditioning, and that based on memory organized by means of symbols. As soon as infants can be conditioned, which is very early, they can acquire a simple form of anticipatory behaviour and, in so far as the events to which they are conditioned are disagreeable, such for example as pain, hunger, or lack of human contact, they may be supposed to experience anxiety. This I shall term *Conditioned Anxiety*. Cognitively, it is still rather a primitive form of anxiety and in many ways more closely resembles primary anxiety than the form next to be described. Later, when the infant develops his capacity for using symbols and can thereby construct a world of objects existing in time and space and interacting causally, he is able to

⁶ This is discussed on p. 102 of this paper.

develop some measure of true foresight. Should the foreseen events be of a kind he has learned are disagreeable, he will once again experience anxiety. This I shall term *Expectant Anxiety*. Once this level of psychic organization is reached many kinds of danger, real and imaginary, may be foreseen and responded to. For example, whatever may occur at more primitive levels, at this level both persecutory and depressive anxieties play a crucial role; for anything which leads the child to believe he either has destroyed or alienated his mother, or may do so, cannot fail to exacerbate his expectant anxiety of temporary or permanent separation.

It is to be noted that originally the theories of persecutory and depressive anxiety were advanced by Melanie Klein independently of the problem of separation anxiety; and that, moreover, persecutory and depressive anxieties are conceived by her as existing, initially at least, in very primitive form either from birth or from the earliest weeks. Their manifestations at a higher level of psychic organization, she holds, are to be understood as stemming from these primitive roots. I remain sceptical of this view. It is therefore necessary to emphasize that such formulations are not indispensable to the concepts of persecutory and depressive anxiety: there is no need for their role at a higher level of psychic organization to be conceived as stemming from more primitive roots. That they play an immensely important role in the more developed psychic organizations, not least in exacerbating separation anxiety and raising it to pathological levels, there can be no doubt. In this paper, therefore, persecutory and depressive anxieties will be treated as of major consequence in the elaboration of separation anxiety at a higher level of psychic organization, whilst leaving as an open question their existence and role at a more primitive level.⁷

PRIMARY ANXIETY, FRIGHT, AND ANXIETY DEPENDENT ON LEARNING

It is my belief that the theory of instinctual responses deriving from ethology and advanced in my previous paper permits a new approach. The heart of this theory is that the organism is provided with a repertoire of behaviour patterns, which are bred into it like the features of its anatomy and physiology, and which have be-

come characteristic of its species *because of their survival value to the species*. Such, it was suggested, are many of the responses characteristic of the family life of Man, namely those mediating relationships between the sexes and between parents and young. This provides an instinct theory having much in common with Freud's theory of part-instincts and his notion of the 'blind' strivings of the id.

Before applying this theory to separation anxiety as the particular problem under examination, however, it is necessary to review the whole problem of anxiety and fear reactions afresh. In doing so four conditions will be delineated each of which, it is believed, although in essence very different from the others, contributes in a special way to our problem. These are primary anxiety, fright, conditioned anxiety, and expectant anxiety.

In grasping the theory to be advanced it is vital to distinguish sharply between the concept of self-preservation and that of species survival: probably all biologists would regard the first, when conceived as an 'instinct of self-preservation', as one of the most influential of misleading theories, the second as one of the most pregnant concepts in the history of biology. The notion of an instinct of self-preservation posits a force or set of forces which is designed to ensure that *a particular individual* is preserved. The notion of species survival, which stems from evolution theory, points on the other hand to the fact that any biological character which is advantageous to *the species* tends to be perpetuated (through processes of natural selection and heredity), whilst any that are not so advantageous tend, over the course of generations, to be dropped out. It is true that often what is advantageous for the species is also advantageous for the individual; but there is no guarantee of identity of interest, and where they conflict it can be that it is the interests of the individual which go to the wall. That anatomical and physiological characteristics are subject to this rule has long been recognized. The conspicuous plumage of many birds, which is indispensable to their success in mating, may be most disadvantageous to their safety. The interests of individual survival are sacrificed; the interests of species propagation are paramount. That psychological characteristics are subject to the same law has, thanks

⁷ For this abridged version a critical examination of psycho-analytical theories relating to separation anxiety has been omitted. It is being published as a separate paper in the *Journal of Child Psychology and Psychiatry* and will

also be included in the full version of this paper to be published in a forthcoming volume of the International Library of Psycho-Analysis.

largely to the superficial plausibility of the self-preservation theory, been slow to be appreciated. Yet it is clear that all psychological characteristics which have been developed because of their species survival value *must* be so subject, and these must include any characteristics to which the term instinctual is applied. For these reasons, in discussing the theory of anxiety and fright reactions, no references will be made to the concept of self-preservation. Instead we shall be thinking in terms of species-specific behaviour patterns, or instinctual response systems as I prefer to call them,⁸ which are present because of their survival value to the species and which operate, at least initially, in the blind and automatic way regarded by Freud as characteristic of the id.

In the previous paper I described some of the characteristics of what I termed instinctual response systems which are to be culled from the recent work of ethologists: 'The basic model for instinctive behaviour is thus a unit comprising a species-specific behaviour pattern (or instinctual response) governed by two complex mechanisms, one controlling its activation and the other its termination. Although sometimes to be observed active in isolation, in real life it is usual for a number of these responses to be linked together so that adaptive behavioural sequences result.' I proceeded to consider 'how as humans we experience the activation in ourselves of an instinctual response system'. When the system is active and free to reach termination, it seems, we experience an urge to action accompanied, as Lorenz (59) has suggested,⁹ by an emotional state peculiar to each response. There is an emotional experience peculiar to smiling and laughing, another peculiar to weeping, yet another to sexual foreplay, another again to temper. When, however, the response is not free to reach termination, our experience may be very different; we experience tension, unease, anxiety. It is this line of thought I wish to pursue.

The hypothesis advanced is that, whenever an instinctual response system is activated and is unable for any reason to reach termination, a form of anxiety results. The blockage may be of many different kinds. In some cases the en-

vironment may fail to provide the terminating conditions, as for example when there is sexual arousal in the absence of an appropriate partner. In other cases two or more instinctual responses may be active but incompatible, for example, attack and escape. In other cases again, the blockage may be associated with fear or guilt, or some deeper inhibition. No doubt the particular form of blockage will influence outcome; here, however, I wish to emphasize only the common feature. No matter what the nature of the blockage, it is postulated, if an instinctual response system is activated and unable to reach termination, changes occur both in behaviour (namely in psychological and physiological functioning) and also in the subjective experience of the individual himself. When it rises above a moderate level it gives rise to the subjective experience of anxiety. To distinguish it from other forms of anxiety I am terming it primary anxiety.

Whether in fact every kind of instinctual response system which is active and unable to reach termination is accompanied by primary anxiety needs further exploration. So too do the behavioural accompaniments of anxiety. Both the physiological and the psychological components seem likely to be in large part unlearned and thus in some respects to resemble instinctual responses. The psychological components are of course of great consequence for psychoanalysts; since, however, they are intimately related to defence mechanisms, it will be best to postpone a discussion of them until a later paper.

Let us now consider *fright*. Fright, it is suggested, is the subjective experience accompanying at least two related instinctual response systems—those leading on the one hand to escape behaviour, and on the other to alert immobility or 'freezing'. It is to be noted that as so defined it *does not presuppose any conscious awareness of danger*. Instead, it is conceived as being the accompaniment of certain instinctual response systems whenever they are activated. Like all instinctual response systems, those governing escape and 'freezing' are conceived as systems built into the organism and perpetuated by heredity because of their survival value. It is possible that there are more than two kinds of instinctual response systems associated with

⁸ In an earlier paper (15) I have used the term 'instinctual response' to refer both to the behaviour and to the hypothetical internal structure which, when activated, is presumed to lead to the behaviour. To avoid this confusion I am now using the term 'instinctual response system' for the hypothetical internal structure, and limiting the term 'instinctual response' to the active

behavioural response, including both the motor behaviour pattern and its physiological and psychological concomitants.

⁹ A similar view, though coupled with a materially different theory of instinct, was advanced by McDougall (60).

fright, but, since they do not form the subject of this paper, this possibility will not be explored.¹⁰

Unlike some response systems, such as those relating to sexual behaviour which are sometimes activated by purely internal changes, the systems governing escape and 'freezing' seem almost invariably to require some external condition for their activation. Amongst those to which they appear to be naturally sensitive are loud noises, sudden visual changes (e.g. fast-moving objects), extremes of temperature, physical pain, and mere strangeness.¹¹ At this elemental level of instinctual behaviour, the individual does not structure his universe into objects interacting causally to produce situations, some of which are expected to prove dangerous and others harmless. On the contrary, so long as he is operating on this level his responses are rapid and automatic. They may or may not be well adapted to the real situation. The individual flees or remains immobile not because he has any clear awareness of danger but because his flight or 'freezing' responses have been activated. It is because the response is automatic and blind that I regard the term 'fright' as better than 'fear' to denote its subjective accompaniment. (The word 'fear', it is suggested in the Appendix, may most conveniently be limited to denote the subjective state accompanying escape and 'freezing' whenever the cognitive component of these responses is at a higher level, namely whenever there is a clear conception of what object it is which has activated them.)

Thus far in our analysis primary anxiety and fright, though having in common the character of being automatic and blind, are conceived as very different states. Whereas primary anxiety is the subjective accompaniment of many, perhaps all, instinctual response systems when impeded, fright is the accompaniment of a couple or so of related response systems when activated. In the infancy of many species, however, special conditions operate which lead to a close connectedness between the two which I believe to be of vital importance for understanding separation

anxiety. This becomes clear as soon as we examine the *situations which terminate escape responses*,¹² a matter usually given scant attention.

When the escape response of an animal is activated at only low intensity, mere removal from the activating conditions suffices to terminate it. This is no longer so when it is activated at high intensity. On such occasions in the natural environment animals escape not only *from* situations but *to* situations. A frightened rabbit bolts to its burrow, a fox to its earth, a band of baboons to their selected tree. Not until they have reached their preferred *haven of safety* do they rest. Burrow, earth, and tree are terminating situations, in each case be it noted often limited (on the principle of monotropy)¹³ to a *particular* burrow, a *particular* earth and a *particular* tree (or group of trees). In humans the subjective accompaniment of reaching the haven of safety is a sense of security.

Young animals also escape *to* a situation. In their case, however, the situation is often not a place but *another animal*—usually the mother. This is true of individuals of many genera, from fish to primates. The human toddler escapes from a situation which has frightened him to his mother; other primate infants do the same (76, 40). Probably for all, *the haven of safety which terminates escape responses and brings a sense of security is proximity to mother*.¹⁴

Thus we find that escape responses share with crying, clinging, and following the same terminating situation. The frightened baby, it might be said, is both 'pushed' toward his mother by his escape responses and 'pulled' toward her by his clinging and following responses. This is a striking conclusion. Primary anxiety, due to the non-termination of response systems mediating attachment behaviour, and fright, due to the activation of escape responses, are more intimately related than our initial sharp differentiation of them seemed to make likely. The question arises, even, whether the two groups of response system—namely those mediating escape

¹⁰ The possibility that a single emotion, fright, may accompany more than one instinctual response system suggests that Lorenz's hypothesis that each response is accompanied by an emotional state peculiar to itself may need modification.

¹¹ See the discussion by Thorpe (74, p. 390). Several workers (e.g. Hinde, 45) have shown that, paradoxically, strangeness evokes both escape and curiosity, and that there is a complex balance between the two competing response systems.

¹² Such situations have been termed 'consummatory situations' by Bastock, Morris and Moynihan (6) and

by Hinde (46). In my view, however, partly because of the usefulness of the verb 'to terminate', a preferable term is 'terminating situation'.

¹³ See (16), p. 370.

¹⁴ The term 'haven of safety' has been introduced by Harlow and Zimmermann (40). In describing their very interesting experiments with rhesus monkeys they write: 'One function of the real mother, human or sub-human, and presumably of a mother surrogate, is to provide a haven of safety for the infant in times of fear or danger.' See also Harlow (39).

and those mediating attachment behaviour—are really different. May we, instead, be dealing with the activating and terminating ends of a single group of systems? The possibility needs examination.

Reflection suggests that neither view may be adequate. In the first place, as we have seen, escape is closely linked with the very different response system of 'freezing'. Furthermore the terminating conditions of escape are often different from those of the response systems mediating attachment; thus the mere presence of the individual in a special location, or proximity to a mate, may each prove a haven of safety. Not only is 'freezing' very different from the behaviour patterns of crying, clinging, and following, but to be present in a location, if not to be in the proximity of a mate, is very different from the conditions which terminate attachment behaviour. Thus it seems useful for some purposes to distinguish two sets of instinctual response systems. Nevertheless, the discussion serves to show how intricately linked, through the existence of common activating and terminating conditions, these different systems tend to be and how misleading it would be were we to make a sharp division of them into two separate groups. Indeed, the adoption of a theory of instinctual behaviour such as that advocated here enables us to get away from any notion that each 'instinct' is entirely distinct from every other. Instead, it provides a flexible conceptual tool which promises to do justice to the complexities of the data.

So far we have been dealing only with those subjective experiences which accompany behaviour that is still at a primitive level. As conceived here, both primary anxiety and fright are the subjective components of instinctual response systems which are activated by certain conditions (part internal and part external, part unlearned and part learned by processes of conditioning) and which operate automatically. Not until the individual can structure his universe in terms of objects existing in time and space and causally related to one another can he develop the notion of a situation which is *potentially* dangerous. This leads us to differentiate a new class of behaviour with its own characteristic subjective accompaniment: these I shall term respectively *avoidance behaviour* and *expectant anxiety*.

As soon as the individual, whether human infant or a member of an infra-human species,

has reached a stage of development in which some degree of foresight is possible, he is able to predict situations as dangerous and to take measures to avoid them. In this he is exercising a far more complex function that is required for instinctual responses and one which Freud habitually attributed to the ego.

At least three sorts of danger situation are distinguishable, though for reasons already given there is some overlap between them. They are:

- (a) Situations in which the individual believes he is likely to be assailed by external stimuli which he finds (either 'naturally' or through learning or both) to be disagreeable and/or noxious and which, if realized, would activate his instinctual response systems of escape and freezing.
- (b) Situations in which the individual believes he is likely to lose that external condition which terminates his escape responses, namely his haven of safety.
- (c) Situations in which the individual believes certain of his instinctual responses will be activated without conditions for terminating them being likely to be present. Some such situations are already covered under (a) or (b); an example of one which is not is the prospect of sexual arousal in the absence of conditions for satisfaction.

The anticipation of any of these kinds of situation, and particularly the first two which appear to be the main ones, at once motivates him to take action intended to avoid their developing. Such 'action' may be of many kinds and will vary both in regard to the decisiveness with which a plan is made and in regard to whether or not it is actually executed. Irrespective of the mode of action resulting and irrespective, too, of which kind of danger situation is anticipated, the subjective states accompanying anticipation and avoidance appear to be the same: they are those of expectant anxiety.

The division of danger situations into two main classes, namely (a) and (b) above, is consistent with the empirical findings presented in a recent paper by Dixon, de Monchaux and Sandler (20): a statistical analysis of patients' fears showed that they tend to cluster into 'fear of hurt' and 'fear of separation'.¹⁵ As these authors point out, moreover, it is consistent with Freud's distinction between anxieties relating to

¹⁵ The secondary drive theory, which they invoke to account for the child's tie to his mother and for separation anxiety, is not necessary to an interpretation of their data.

castration and those associated with loss of object. It will be clear, however, that the two classes I have defined are more inclusive than Freud's: in the scheme presented here castration anxiety and separation anxiety each represent a particular albeit important example of a broader class. The third class defined above, (c), was the first to be discussed by Freud and is present in his theorizing from 1894 onwards (*C.P.* 1, p. 76).

It may perhaps be asked why the term 'anxiety' has been chosen to denote, in combination with a qualifying word, two such different emotional states as are referred to by 'primary anxiety' and 'expectant anxiety'. There are two reasons. First, as Freud pointed out (*S.E.* 20, p. 165), anxiety carries with it a note of uncertainty. This is true both of primary anxiety, where it is uncertain whether or not the individual will reach a terminating situation, and of expectant anxiety, where the subject is uncertain whether or not he can prevent the danger situation materializing. The second reason is that I believe both classes play a large part in the genesis of neurotic anxiety. A note on questions of terminology, with particular reference to Freud's usage, will be found in the Appendix.

This is a convenient moment to attempt a summary. We have now differentiated three classes of situation and three classes of behaviour, together with the corresponding subjective accompaniments to which they commonly give rise. The word 'commonly' is of importance, since situations can evoke behaviour (and its corresponding subjective experience) only when the organism is in an appropriate state. In the following tabulation the organism is assumed to be in such a state:

In real life more than one situation may be present at once and behaviour of more than one kind and level result. Thus at the sound of an air-raid warning each member of a family may experience expectant anxiety in regard to the possibility of harm coming both to themselves and their loved objects and may take precautions accordingly; whilst the whistle of a bomb may excite both escape and clinging responses simultaneously. Although in them the function of foresight, dependent on an appreciation of causal relationships, may be well developed, the example serves to emphasize that the primitive non-foresightful instinctual responses none the less persist. During the course of development, it seems, we move from a condition in which we possess only the more primitive response systems to a condition in which we are equipped not only with these but also with the capacity for foresightful action. During maturity the extent to which primitive instinctual responses, action based on foresight, or both in combination are likely to mediate our behaviour on a particular occasion is a complex matter. It is one to which I hope to give further attention in a later paper on defences.

Before proceeding to a systematic discussion of separation anxiety, I wish to emphasize afresh that, although we have become caught up in sketching part of a revised theory of anxiety, this is not the purpose of the paper. Our problem is that of trying to understand separation anxiety. Adequately to formulate a comprehensive theory of anxiety would require a broader approach: in particular it would need to give close attention to anxiety arising from the threat of psychic disorganization.

<i>Situations</i>	<i>Behaviour</i>	<i>Subjective accompaniment</i>
1. Which activate an instinctual response system without providing for its termination	Persistent activation of response	Primary anxiety
2. Which activate instinctual response systems mediating escape or 'freezing'	Escape or 'freezing'	Fright
3. Which, if no action is taken, it is anticipated will so develop that (a) instinctual response systems mediating escape or 'freezing' will be activated (b) the haven of safety will be lost (c) an instinctual response system will be activated in conditions unlikely to provide for its termination	Avoidance	Expectant anxiety

INGREDIENTS OF SEPARATION ANXIETY

From the foregoing it will be clear that, according to the hypothesis advanced, separation anxiety is initially a form of primary anxiety, with or without the addition of fright, and that, as the infant develops, anxiety based on learning comes to be added. The reasoning behind this hypothesis has already been presented. My confidence in it springs from my belief that it provides a better explanation of observations of infants and young children than do other hypotheses and is enhanced by the fact that it seems also to fit comparable observations of the young of other species. These will be reviewed.

In very many species of bird and mammal the young show signs of anxiety when removed from their parents. The 'lost piping' of young ducklings who have become attached to and have temporarily lost a mother figure is a familiar example. The behaviour of infant chimpanzees in such situations is well recorded. Since it resembles closely, though in slightly exaggerated form, what we see in humans and seems almost certainly to be homologous, it is instructive to examine it. I shall draw on three accounts. Two (53, 41) give detailed information about two infant chimpanzees who were 'adopted' and brought up in a human home; the third, that by Yerkes (76), who had prolonged experience of young chimpanzees living in captivity with their own parents, presents generalizations based on many cases. All three agree on the intensity of protest exhibited and, by implication, the anxiety experienced when a baby chimpanzee loses its mother-figure.

Mrs. Hayes recounts how Vicki, a female whom she adopted at 3 days, would, when aged 4 months, cling to her foster-mother 'from the moment she left her crib until she was tucked in at night. . . . She sat on my lap while I ate or studied. She straddled my hip as I cooked. If she were on the floor, and I started to get away, she screamed and clung to my leg until I picked her up. . . . If some rare lack of vigilance on her part let a room's length separate us, she came charging across the abyss, screaming at the height of her considerable ability.'

The Kelloggs, who did not adopt their female chimp, Gua, until she was 7 months old and who kept her for 9 months, report identical behaviour. They describe 'an intense and tenacious impulse to remain within sight and call of some friend, guardian, or protector. Throughout the entire nine months . . . whether indoors or out, she almost never roamed very far from

someone she knew. To shut her up in a room by herself, or to walk away faster than she could run, and to leave her behind, proved, as well as we could judge, to be the most awful punishment that could possibly be inflicted. She could not be alone apparently without suffering.'

It is of course possible to assume that such behaviour always contains an element of foresight—foresight that physiological needs will not be met. Its strength and immediacy, together with what we know about the primacy of clinging, make this, however, seem unlikely. Furthermore, as was stressed in the previous paper, such a theory is unnecessary.

Except for being less mobile, human infants during the second half of their first year seem to respond similarly to the lower primates. By this age they have become much more demanding of their mother's company. Often when she leaves the room they are upset and do their utmost to see that contact with her is resumed, either by crying or following her as best they can. Such protest behaviour, I am postulating, is accompanied initially only by primary anxiety.

Later, in both humans and chimpanzees, conditioned and expectant anxiety develop as a result of learning. Their development in chimpanzees is of course well attested. Comparing Gua with their son, who was $2\frac{1}{2}$ months older than she, the Kelloggs report: 'Both subjects displayed what might be called anxious behaviour (i.e. fretting and crying), if obvious preparations were being made by the grown-ups to leave the house. This led (in Gua) to an early understanding of the mechanism of door closing and a keen and continual observation of the doors in her vicinity. If she happened to be on one side of a doorway, and her friends on the other, the slightest movement of the door toward closing, whether produced by human hands or by the wind, would bring Gua rushing through the narrowing aperture, crying as she came.' From this account, it seems clear, by a process of learning Gua was able to anticipate and so to avoid the danger of separation.

Similarly with human infants: it is signs that mother is going to leave them that come to evoke conditioned and expectant anxiety most commonly. At what period during the infant's first year the capacity for foresight develops is difficult to say. Experiment, however, should be easy. If Piaget's views are confirmed we should expect it to be present from about 9 months.

Not only do attachment behaviour and anxiety responses appear similar in humans and

other species, but the same is true of fright responses in the absence of the mother. In such circumstances the young of many species freeze. Robertson noted this in young children soon after starting observations in 1948. Before a child had got to know him and whilst therefore he was still a frightening stranger, a young child in hospital would occasionally respond to his approach by suddenly becoming immobile, as if trying not to be there, though watching him intently the while. In the course of observations made in connexion with his film study (64), Robertson was able to record this response on two occasions when a strange male colleague approached Laura (he himself by this time having become a familiar and reassuring figure). On each occasion Laura reacted by lying down with eyes closed and failed to respond as she usually did to Robertson's friendly words: indeed only a flicker of the eyelids showed she was not asleep. When told that the man had gone, however, she at once sat up.

Comparable behaviour in infant rhesus monkeys has recently been reported by Harlow and Zimmermann (40). In the course of their experiments with model mothers they introduced eight baby monkeys for three-minute periods 'into the strange environment of a room measuring 6 feet by 6 feet by 6 feet and containing multiple stimuli known to elicit curiosity-manipulatory responses in baby monkeys. The subjects were placed in this situation twice a week for eight weeks, with no mother surrogate present during alternate sessions and the cloth mother present during the others. . . . After one or two adaptation sessions, the infants always rushed to the mother surrogate when she was present and clutched her, a response so strong that it can be adequately depicted only by motion pictures. After a few additional sessions, the infants began to use the mother surrogate as a source of security, a base of operations. They would explore and manipulate a stimulus and then return to the mother before adventuring again into the strange new world. The behaviour of these infants was quite different when the mother was absent from the room. Frequently they would freeze in a crouched position.' Experimental work has also been done with goats and with similar results.¹⁶

If now we return to our account of chimpan-

zees it is especially to be noticed that, as in the case of Vicki, Gua became strongly attached to a *particular* figure. In her case it was the male foster-parent, who in fact did most for her: 'Her attachment became so strong that she had been in the human environment for fully a month before she would let go of the trouser leg of her protector for any length of time, even though he might sit quietly at a table for as long as an hour. Almost without respite she clung to him in one way or another. If through a temporary lapse in her vigil he should succeed in taking a step or two away from her, it would surely precipitate a frantic scramble after the retreating trousers, to which she would thereafter hang on determinedly.' Furthermore, it was only when her 'protector' was making preparations to leave the room that fretting and crying were exhibited.

These reports draw our attention afresh to the pronounced tendency for instinctual responses to become focused on a particular individual and not merely on a class of individuals. This was emphasized in the previous paper, where I proposed the term *monotropy* to describe it, and again earlier in this paper when we were discussing how the escape responses of animals tend also to become directed towards a particular object—in this case either a person or a place. Plainly, in the cases of both Vicki and Gua, the crying, clinging, following, and escape responses were fairly narrowly *monotropic*. Any mother-figure would not do: it always had to be someone who was known and trusted and, with decided preference, one particular person who was best known and most trusted. As every mother knows, human infants are no different: after a certain age mothering from any kind person will not do.

It seems almost certain in fact that every child who has not been institutionalized develops during his first year a clear preference for one person, namely the person who cares for him and whom I am calling 'mother', and this remains the case even though, in addition, he is likely to include a few others to whom he will turn as second best if mother is absent. It is because of this marked tendency to *monotropy* that we are capable of deep feelings; for to have a deep attachment to a person (or place or thing) is to have taken them as the terminating object of our instinctual responses. It is probably when these

¹⁶ In his experiments with goat kids Liddell (58) has demonstrated the very different responses to frightening stimuli of identical twins according to whether or not they were with their mother: the twin with his

mother roamed about naturally and seemed relaxed, whereas the one without his mother froze almost immobile in a corner of the room.

responses include those mediating attachment and escape that there exists what Erikson (22) and others have described as 'basic trust'.

Unless this high degree of selectivity of the object terminating the response systems mediating attachment and escape behaviour is understood, reactions to separation from loved objects will remain a closed book. This is where, on occasion, formulations stemming from the theory of secondary drive break down. So long as the caretaker ministers efficiently to the child's physiological needs, it is sometimes reasoned, the child has nothing to grumble about: and so he ought not to grumble. This outlook would be ridiculous were it not so tragic—both for the child and for the well-intentioned caretaker.

As presented here, separation anxiety is the inescapable corollary of attachment behaviour—the other side of the coin. As soon as the instinctual response systems mediating such behaviour have matured and, by a process of learning of a simple kind, become oriented towards any object whatsoever, the child will become prone to experience primary anxiety at separation from it. Plainly this formulation implies that there is a period early in the infant's life during which he is not prone to separation anxiety as a specific form of anxiety. This needs discussion.

In my previous paper I discussed the perceptual and cognitive aspects of the child's tie to his mother and pointed to the evidence that prior to about 6 months the infant's differentiation, as measured by his responsiveness, between familiar mother-figure and stranger is present but only evident on careful observation. After about 6 months, however, differential responses are very striking. In particular I referred to the recent work of Schaffer, who observed the responses of twenty-five healthy infants aged under 12 months to admission to hospital for elective surgery. Of those over 28 weeks of age all but one fretted piteously, exhibiting all the struggling, restlessness, and crying with which we are familiar in rather older children. On the other hand, of those aged 28 weeks and under all but two are reported to have accepted the new environment without protest or fretting; only an

unwonted silence indicated their awareness of change. Similarly, infants in the two age-groups exhibited very different responses both to visitors during the period of separation and also to their mothers on return home. Those over 28 weeks behaved negatively to strangers, but to their visiting mothers were demanding and clinging: those under 28 weeks, on the other hand, seemed hardly to differentiate between stranger and mother (though it was noticed that they became more vocal during their mother's visit).¹⁷ On return home those over 28 weeks clung tenaciously to their mother and cried and were distressed if left alone by her: those under this age showed no such behaviour but instead appeared bewildered, scanning their surroundings with a blank expression (68, 69).

These observations, if confirmed, strongly suggest that separation anxiety on losing mother is not exhibited before about 28 weeks. As Schaffer points out, this is strikingly in keeping with a prediction made by Anthony (2) on the basis of Piaget's findings.¹⁸

To conclude, as I am inclined to, that human infants younger than about 28 weeks do not experience differentiated separation anxiety on losing mother is not to suppose that they experience no anxiety whatever before this age. Though during these weeks the selection of a loved object may still be only embryonic, the instinctual responses comprising attachment behaviour are not. We know that crying and sucking (and in less degree clinging also) are fully active in this period and, in so far as a terminating situation is not quickly established for them, we may presume that primary anxiety is experienced. Moreover, sucking becomes monotropic fairly early, in as much as the infant quickly comes to prefer a particular object to suck—breast, bottle, or dummy. When he loses it he is upset. How significant for later personality development these primitive forms of separation anxiety are seems to me an unsolved problem. Though of great theoretical and practical interest, it is however one which is not of central concern to this paper and will therefore not be pursued further.

Let us now turn to the course of events which follows this early and controversial period.

¹⁷ Of Schaffer's twenty-five subjects, sixteen were aged over 28 weeks and nine 28 weeks and under. Of the two younger infants who deviated from the usual behaviour, one was already 28 weeks of age, and so on the margin of the older age group, and the other was thought to be missing his dummy.

¹⁸ Anthony writes: 'It would also follow that before the seventh month the infant cannot be separated from an object-mother firmly and substantially localized in space, as an organized reality. His separation feeling must therefore lack the quality of separations at a later stage.'

After the age of 6 months variations in the intensity of attachment behaviour, and *pari passu* in the intensity of separation anxiety, occur both in the short term and in the long. As regards *short-term changes*, every mother discovers that her child varies considerably from day to day and week to week. Some days he is intensely 'mummyish', on others much less so. It may help reconcile her to it to know that infant chimps are no different. Of Gua the Kelloggs write: 'During her fifteenth month, when she seemed to be in an "accelerating" phase of her cycle of affection for the chosen experimenter, she would scream and rush after him whenever he opened the door of the house. If left behind, she would run from one window to another pounding upon them and wailing,' despite the presence of a familiar substitute. 'In the same stage of development she began to cry again to be carried by the individual of her preference and nothing would calm her till she had her way.' Although the Kelloggs seem unable to account for all the variations, some of them were obviously the result of particular conditions. Thus 'after a brief sickness, during which her dependency necessarily increased, Gua behaved again for some weeks almost as she had at the beginning, even though she was then many months older.'

The very close connectedness of the response systems mediating escape and those mediating attachment has already been emphasized. Inevitably anything which frightens the primate infant serves to intensify his attachment behaviour and, in the absence of his mother, to magnify his anxiety. Yerkes, generalizing about infant chimps brought up with their mothers in captivity, describes how 'even at 2 years of age, after it can feed itself and move about independently, the youngster will rush to its mother or to other adults in any emergency.'

Human mothers are familiar with such patterns of behaviour. Just as the child in his second or third year seems to be becoming more independent, he has a phase when he becomes more demanding again. Sickness, fright, or a period of separation often account for it. So too does the mother's own mood. As often as not when a young child becomes fretful and anxious it is because his mother has been upset, either with him or with someone or something else, and has consequently been brusque and irritable with him. She is less patient, her tone of voice changes, her expression is different: these are the things to which young children are keenly

sensitive. Furthermore, it is not uncommon for mothers to use the fear of separation—or withdrawal of love which is substantially the same thing—as a sanction to enforce good behaviour. Sometimes this is done as a deliberate policy, more often almost unconsciously. No matter how expressed, however, it is a powerful sanction and, as Fairbairn and many others have emphasized, inevitably increases the child's proneness to separation anxiety. It is this aspect of the theme that Sullivan picked on almost exclusively, thereby making his views in the weight he gives to parental influence in the genesis of neurotic anxiety the counterpart of Klein's in the weight she attributes to constitutional factors. This debate is referred to again in the next section where we consider why one child rather than another becomes prone to excessive separation anxiety.

Nevertheless, even though experiential factors of one kind or another can frequently be seen to account for short-term variations in intensity of attachment behaviour, on some occasions it is very difficult to trace the reasons. Perhaps in human children it is the same as it was with Gua, whose 'attachment would wax and wane in a slow irregular rhythm' during the nine months she was with the Kelloggs. Systematic records are obviously required.

As regards the *long-term changes*, both in chimps and humans the instinctual response systems mediating attachment and escape behaviour slowly modify. Not only do they become less readily activated and, when activated, active at a lower level of intensity, but they come to be organized around an increasing range of objects. These two kinds of change appear to be taking place during the same period of the life span and consequently are not always easy to differentiate.

The processes underlying the long-term reduction in the frequency and intensity of their activation, with its concomitant reduction in separation anxiety, are unknown. As we have seen, their ready activation in early childhood is easily accounted for by their survival value. Since as the child grows older they become less necessary, it may well be that there is operative a maturational process designed to restrict their activity, as sexual activity is restricted at the menopause. Nevertheless experience and learning certainly play a considerable part also. As time goes on, the better grounds a child has to believe that his parents love him and will return to him, the less apprehensive will he be both before

their departure and whilst they are away; the weaker the grounds, the more anxious on these occasions.

Although I believe such views to be theoretically plausible and, so far as there are relevant data, empirically well based, it must be recognized that they are not those which have been advanced by leading psycho-analysts, many of whom have thought that the growth of independence is impossible without the frustration of earlier needs. Freud held that it is possible to give a child too much affection and that it is this which prolongs the phase of dependence and promotes increased separation anxiety; a critique of this view is postponed to the next section. Melanie Klein shares the same outlook but invokes a different mechanism. In questioning how the child ever detaches himself from his mother, she suggests that 'the very nature of this overstrong attachment . . . tends to drive him away from her because (frustrated greed and hatred being inevitable) it gives rise to the fear of losing this all-important person, and consequently to the fear of dependence upon her' (Klein and Riviere, 57, p. 91). Although a process of this kind is well known as one which underlies a *premature* development of independence,¹⁹ I believe it to be the result of avoidable frustration and to lead to independence of a special and often pathological kind. I know of no reason to suppose it is responsible for its healthy growth.

As regards the second component of the long-term changes, the increasing range of objects toward whom attachment behaviour is directed, probably this is also a result both of maturational change and of learning. Thus the very capacity to include, even at a lower level of preference, a number of different people is something which may well become increased between, say, 18 months and 3 years by maturational processes. Even so, precisely who is included is obviously learned, and the number who become trusted by any particular child, whilst always limited, is evidently in large part the result of experience.

Once again it is instructive to hear of comparable changes in chimpanzees. Reading Yerkes's account, one gains the impression that, in chimps, initially the shift may be entirely one of object and that intensity of response remains unchanged. Generalizing again from his observations of chimps in captivity, he writes of the

developing infant: 'Gradually a striking change in behaviour becomes evident. The initial specific clinging dependence upon the mother gives place rapidly to a generalized dependence on the extending social environment. . . . Need for social stimulation, such as is provided by companions, becomes so strong during late infancy and early childhood that isolation causes varied symptoms of deprivation.' As the chimpanzee child grows older, however, the intensity of the attachment responses themselves seems to diminish: 'Maternal dependence normally is outgrown during infancy, and similarly, extreme social dependence tends to be outgrown during childhood and adolescence.'

Primary anxiety arising from separation either from mother-figure or companions is thus a function of age. The period when the individual is especially vulnerable is whilst the response systems mediating attachment and escape are not only easily activated at high intensity but are narrowly directed towards one, or at most a few, figures. Once there is a diminution in the readiness with which the response systems are activated, or the growing child, chimp or human, becomes able to accept temporary substitutes more readily, vulnerability decreases. So far as my own observations go, I have the impression that in humans these changes do not often take much effect until the child has reached about 2 years 9 months, though the age varies considerably from child to child.

ORIGIN OF SEPARATION ANXIETY OF PATHOLOGICAL DEGREE

Earlier in the paper I have made it clear that, on the hypothesis advanced, primary anxiety will occur whenever any (or at least one of a number of) instinctual response systems is activated and not terminated. The primary anxiety arising when a young child is separated from his mother is thus only a special case of a more general phenomenon. Nevertheless, clinical experience suggests that it is of peculiar pathogenic significance and, if this is so, the problem remains *why* it should be so. The following explanation appears plausible. In the first place, the phase during which the human infant's capacity for locomotion is limited is a long one. As a result, whether or not his attachment responses are terminated turns for some years on the initiative of others, especially his mother: he

¹⁹ See, for instance, Winnicott's conception of the development of the false self (75) and Balint's of con-

ditions which give rise to neurosis and the need for a 'new beginning' (4).

is entirely dependent on their goodwill. In the second, there is the close linkage between the instinctual response systems mediating attachment behaviour and those mediating escape, so that, whenever a young child is separated from his mother and such substitutes as he will accept, there is the risk of his experiencing not only primary anxiety but also fright, and both in conditions where there is no one available to provide comfort and security. This makes the situation doubly alarming to him and accounts for the intensity of distress we observe. Finally, because of their tremendous importance for survival, both these classes of response system appear to have special characteristics: first, they are permanently ready for activation and also readily activated; secondly, when active they are often so at great intensity; and, finally, they are not completely terminated except by the preferred mother-figure. In several of these respects they differ from other response systems, such for example as those mediating sucking behaviour. Thus the latter vary much in their readiness for activation, in many infants being inert after food has been taken and only becoming sensitive at intervals; they are often not exhibited at great intensity, and, as regards termination, are usually more easily provided for than are those mediating attachment and escape—a bottle, a thumb, or a comforter may suffice. By contrast the instinctual response systems mediating attachment and escape behaviour are permanently 'at the ready' for intense activation. Primary anxiety due to separation, sometimes suffused with fright, is thus immanently present from the time these response systems have become active and narrowly directed in the early months to the time when they diminish in intensity and/or the object becomes more easily replaceable (from around the third birthday). Probably at no other time in his life is the individual at risk of such intense primary anxiety and such 'unterminatable' fright.

In considering why separation anxiety can so easily reach pathological intensity two further aspects of these systems require emphasis. One is the readiness with which hostility is engendered when they are impeded. The exact conditions

under which hostility is evoked require much more detailed study than they have yet been given, but it has long been common knowledge that separation from the mother, rejection by the mother, and a situation in which the mother is attending to some other individual—father, sibling, or visitor—are all apt to give rise to it.²⁰ It is my belief that it is situations such as these, rather than the frustration of oral desires, that engender the most frequent and intense hostility in infants and young children, hostility, moreover, which is inevitably directed towards the loved object itself. This is of the greatest relevance when we come to consider why in some children expectant anxiety in regard to separation exists at a level above the normal.

The second is that the period when they are most active is also the period when patterns of control and of regulating conflict are being laid down. Our data demonstrate that when primary anxiety arising from separation is allowed to persist, defences of a primitive nature (such as those giving rise to detachment described earlier) come into play. There is reason to suppose that the early and intense activation of such defensive processes may create patterns which in later life are of pathogenic significance. This is a theme I have touched on in an earlier paper in connexion with critical phases of development (15) and which I hope to pursue further.

Whether or not these reasons prove to be the right ones, there can be little doubt that separation anxiety is an exceedingly common component of neurotic anxiety. This was early recognized by Freud. 'One of the clearest indications that a child will later become neurotic,' he observed, 'is to be seen in an insatiable demand for his parents' affection' (*Three Essays*, 1905, S.E. 7, p. 223); this, of course, is another way of describing the child who exhibits, in excess, expectant anxiety in regard to separation and loss of love. Few would dispute this view today. There are, however, several hypotheses current in regard to why some children develop in this way and others do not; and it is in fact on this issue that the views advanced here differ most from those of Freud.

Hypotheses which have been advanced by

²⁰ Analytic literature is full of references to hatred arising in such situations. That separation from mother itself provokes it has been used by Freud as a possible explanation of the cotton-reel incident: 'Throwing away the object so that it was "gone"', he suggests, 'might satisfy an impulse of the child's . . . to revenge himself on his mother for going away from him' (S.E. 18, p. 16). Dorothy Burlingham and Anna Freud (18), Spitz (71),

Robertson (64, 65) and Heinicke (42) have all reported first-hand observations of intensely hostile behaviour following separation. It is Fairbairn's view that the origin of the infant's aggression towards his libidinal object, and therefore of his ambivalence, lies in the trauma of separation from mother and the consequent libidinal deprivation and frustration. (25).

psycho-analysts not only give very varying weight to constitutional and environmental factors but also inculcate different and in some respects contradictory factors in each class. It is therefore useful to tabulate the five main hypotheses which have been advanced to account for why a particular individual suffers from an excess of separation anxiety. They are:

1. *Constitutional Factors*

- (a) Some 'children have inherently a greater amount of libidinal need in their constitution than others,' and so are more sensitive than others to an absence of gratification (Freud, 1917).
- (b) Some children have inherently a stronger death instinct than others, which manifests itself in unusually strong persecutory and depressive anxiety (Klein, 1932).

2. *Environmental Factors*

- (a) Variations in the birth process and severe traumata occurring during the first weeks of post-natal life may increase the (organic) anxiety response and heighten the anxiety potential, thereby causing a more severe reaction to later (psychological) dangers met with in life (Greenacre, 1941, 1945 [36]).
- (b) Some children are 'spoiled' by excess of early libidinal gratification: they therefore demand more of it and, when not gratified, miss it more (Freud, 1905, 1917, 1926).
- (c) Some children are made excessively sensitive to the possibility of separation or loss of love either through the experience of actual separation (Edleston, 1943, Bowlby, 1951), or through the use of separation or loss of love as a threat (Suttie, 1935, Fairbairn, 1941).

It should be noted that whereas hypotheses 1 (a), 2 (b) and 2 (c) are framed to account for the liability to an excess in particular of separation anxiety, 1 (b) and 2 (a) are intended to account for the liability to an excess of anxiety of any kind.

I do not believe there is any clear evidence in support of the first four of these hypotheses. Since with our present research techniques there is no way of determining differences in constitutional endowment, the first pair unavoidably remain untested (though of course not disproved). As regards the next pair, the evidence

in regard to 2 (a) is far from clear; indeed in her paper Phyllis Greenacre is careful to explain that she regards it as no more than a plausible hypothesis. Evidence in regard to 2 (b) seems at the best equivocal: the subjection of a child to neurotic overprotection or to excessive libidinal demands from his mother sometimes appears like excess of affection but clearly cannot be equated with it. Evidence in regard to the fifth hypothesis, 2 (c), however, is abundant and affirmative. Therefore, without necessarily rejecting the first four, the fifth hypothesis, that an excess of separation anxiety may be due either to an experience of actual separation or to threats of separation, rejection, or loss of love, can be adopted with confidence. Probably a majority of analysts today utilize it in their work in some degree.

It is strange that in his writings Freud practically never invoked it. On the contrary, in addition to postulating hypothesis 1 (a), that some children have a constitutionally greater need of libidinal gratification than others, he committed himself early and consistently to hypothesis 2 (b), that an excess of separation anxiety is due to an excess of parental affection—in other words, the traditional theory of spoiling. Thus in the *Three Essays* (1905), after commending the mother who strokes, rocks, and kisses her child and thereby teaches him to love, he nevertheless warns against excess: 'An excess of parental affection does harm by causing precocious sexual maturity and also because, by spoiling the child, it makes him incapable in later life of temporarily doing without love or of being content with a smaller amount of it' (*S.E.* 7, p. 223). The same theme runs through much of his theorizing about *Little Hans* (1909), though it is in his discussion of this small boy's separation anxiety that he comes nearest the view adopted here: he attributes part of it to the fact that *Little Hans* had been separated from his mother at the time of his baby sister's birth (*S.E.* 10, pp. 114 and 132). However, both in the *Introductory Lectures* (28, p. 340) and in *Inhibitions, Symptoms and Anxiety* (*S.E.* 20, p. 167) he makes no reference to such origins and instead explicitly adopts the theory of spoiling.

Since in my view there is no evidence to support this theory, the question arises why Freud should have favoured it. One reason seems to be that in his early work he was misled by the show of affection and over-protection which is so

frequently present as an over-compensation for a parent's unconscious hostility to a child. This is suggested by the passage in *Three Essays* immediately following that already quoted: '... neuro-pathic parents, who are inclined as a rule to display excessive affection, are precisely those who are most likely by their caresses to arouse the child's disposition to neurotic illness' (S.E. 7, p. 223). In fact, when we come to investigate such cases psycho-analytically we find, I believe invariably, that the child's heightened anxiety over separation and loss of love is not a reaction to any real excess of affection from his parents, but to the unconscious hostility and rejection which lies behind it or to the threats of loss of love his parents have used to bind him to them.²¹ Children who have received a great deal of genuine affection seem to be those who in later life show in highest degree a sense of security.

In addition to this, it seems probable that another reason for Freud's misperception of the origins of excessive separation anxiety was the delay in his recognition of the close bond of child to mother and the length of time over which it normally persists at high intensity; only if the child's strong attachment is perceived as normal is its severance or threat of severance recognized as dangerous. It is true that by the time he wrote *Inhibitions, Symptoms and Anxiety* he was of opinion that a main cause of man's proneness to neurosis lies in 'the long period of time during which the young of the human species is in a condition of helplessness and dependence . . . (which) establishes the earliest situations of danger and creates the need to be loved' (S.E. 20, pp. 154-155). Yet, so far as I know, he never drew from this the natural conclusion that disruptions or threats of disruption of the primary bond are likely to prove a major hazard.

It will thus be seen that the views advanced in this paper differ from Freud's not so much on the nature of separation anxiety itself but on the conditions which determine its presence in excessive degree. On this issue indeed the two views are the opposite of one another. It is perhaps because of this and because Freud's hypothesis of spoiling has been built deep into psycho-analytic theory that there has been so much reluctance in many analysts to accept as valid

the evidence which supports the hypothesis here advanced. It is time to return to this.

In my view the best opportunity for uncovering the conditions which lead an individual to become prone to an excessive degree of separation anxiety is either by direct observation of a child undergoing an anxiety-provoking experience or by a clinical examination in an analytically oriented child guidance clinic, in which treatment is given to both child and parent and a detailed history can be obtained both of main events in the child's life and of parental attitudes towards him. When we review the reasons why in some children expectant anxiety in regard to separation and loss of love exist in pathogenic degree, observations made in such settings suggest there are four main ones:

- (1) One determinant is undoubtedly the actual experience of a period of separation. In addition to our own observations (12, 14, 64), those of Edelston (21), Prugh *et al.* (62), Heinicke (42) and Schaffer (68) provide abundant evidence that the child who returns after not too long a period with strangers, whether in hospital or elsewhere, will soon attach himself with great tenacity to his mother and show intense anxiety at any threat of a repetition of the experience. Many cases of older children and adults who respond to separation with unusual anxiety are most readily understood in terms of the persistence of such a psychological state.
- (2) Another determinant is the excessive use by parents of threats of separation or withdrawal of love as sanctions.
- (3) Another is the child's experience of rejection by the mother, especially where her positive feelings are mixed with unconscious hostility.
- (4) Another is any actual event, such as a parent's or sibling's illness or death, for which the child has come to feel responsible and, therefore, guilty and unloved.

There are many papers by analysts which report cases falling under one or a combination of these last three heads (including an early one of my own (10)) and others by clinical psychologists.²² In a study predominantly concerned

²¹ There is another situation which may lead a child to become excessively clinging and which may also masquerade as "spoiling." It is when a mother, for unconscious reasons of her own, communicates to a child her desire that he should not leave her. This is a common finding in cases of so-called school phobia (49a).

²² In a comparison of twenty 6-year-old children reported as overdependent with twenty controls, Stendler (72) found that six of the over-dependent children were 'over-protected' and eleven had suffered major disturbances in their lives between the ages of 9 months and 3 years.

with the consequences of actual separation, however, it would be inappropriate to discuss this large and controversial area more fully. Nevertheless it should be noted that these four sources are not necessarily exhaustive: for example, any set of conditions which results in the child feeling guilty and therefore in danger of not being loved will be effective. At the same time, it is my view that only if each of the four sources listed above has been thoroughly explored and excluded is it wise to postulate other factors. Unfortunately such exploration is, I believe, only possible in the case of younger children and when their mothers are also willing to undertake treatment.

Merely to describe these sources of increased separation anxiety, however, is insufficient: we need also to understand the nature of their effects on the emotional development of the child. It is when we come to consider these effects that the interaction of expectant anxiety and hostility, to which attention has already been drawn, is seen to be so crucial. For each of these experiences—separation, threats of separation, actual rejection or expectation of rejection—enormously increases the child's hostility, whilst his hostility greatly increases his expectation of rejection and loss. Such vicious circles are a commonplace of psycho-analytic practice. Since it is in emphasizing their frequency and immense clinical importance that Melanie Klein has made her special contribution, this is a convenient point at which to reconsider her ideas.

The clinical observations made by Melanie Klein in the twenties, it will be recalled, were that some children who are attached to their mother in unusual degree are, paradoxically, also possessed of strong unconscious hostility directed towards that very mother. In their play they demonstrate much violence towards mother-figures and become concerned and anxious lest they may have destroyed or alienated them. Often after an outburst they run from the analytic room, not only for fear of consequences from the analyst, but also, it seems, to assure themselves that their mother is still alive and loving. These observations are now amply confirmed and demonstrate without doubt that the presence of unconscious hostile impulses directed towards a loved object greatly increases anxiety. This is readily intelligible. As Freud pointed out, we would not expect loss of love or castration 'if we did not entertain certain feelings and intentions within us. Thus

such instinctual impulses are determinants of external dangers and so become dangerous in themselves' (*S.E.* 20, p. 145). The presence of hostile impulses directed to a parent, especially when unconscious, inevitably increases expectant anxiety. In so far as there is concern for the object's safety, it is depressive in character; in so far as there is fear of losing his or her love, it is persecutory. The role of such depressive and persecutory anxieties, springing from unconscious hostility, in persons suffering from an increased level of expectant anxiety in regard to being separated or unloved cannot be over-emphasized; and this remains so whether or not we accept Melanie Klein's particular hypothesis in regard to their origin.

But just as unconscious hostility directed towards the loved object increases expectant anxiety, so does expectant anxiety, especially in regard to whether or not one is loved, increase hostility. It is of both great theoretical and great practical importance to determine, if we can, how these vicious circles begin. Does increased anxiety precede increased hostility, is it the other way round, or do they spring from a common source? Jones (51) recognizes the great difficulty of unravelling the sequence when looking backwards from data provided by the patient in analysis; and I believe this holds for young children as well as for older patients. Indeed it is at this point that I believe Melanie Klein's method has led her to one-sided conclusions.

Logically it is clearly possible for excess anxiety to precede excess hostility in some cases, for the sequence to be reversed in others, and for them to spring from a single source and so be coincidental in yet a third group. Such possibilities, however, are not allowed for by Melanie Klein's formulation. It is to be noted that she attaches no importance to instinctual tensions as such and does not subscribe to the view, advanced by Freud and again here, as well as by many other writers, that primary anxiety is the result of such tension. Instead, her basic tenet is that increased anxiety is always both preceded and caused by increased sadism: that it may sometimes be independent of, sometimes itself provoke, and often spring from the same source as the increased sadism is not conceded.

In my view both an excess of separation anxiety and an excess of hostility are very commonly provoked by the same experience. Further and more important is that, because the hostility is directed towards the loved object, it

is often repressed and, being repressed, tends to generate further anxiety. Thus, on this hypothesis, the increased libidinal need for the object and the increased unconscious hostility directed toward it are both active in promoting neurotic anxiety. This is a view which, it will be seen, derives from the theories both of Freud and of Melanie Klein. It also links with Freud's early expressed belief (*Little Hans*, 1909) that in some way repression plays a crucial role in the genesis of pathological anxiety. Here, however, a distinction needs to be drawn between anxiety which is intense and anxiety which is pathological. Whilst it seems clear that repression is not a necessary condition for the genesis of *intense* anxiety—as is shown by the behaviour of young children in the weeks following return home after a time away from their mothers with strangers—it may well be a necessary condition for its development into *pathological* anxiety. Perhaps when there is no repression of love or hate intense anxiety provoked by separation or rejection subsides, and it is only when repression sets in that the anxiety becomes pathological. This hypothesis will need further examination.

Before ending this section a word must be said about the other pathological form of separation anxiety, namely its absence or presence at unusually low levels. It has already been emphasized that some measure of separation anxiety is the inevitable counterpart of a love relationship. The absence or attenuation of separation anxiety is thus a frequent accompaniment of absent or exiguous love relationships. The psychopathic character, the origin of which is so often a major disturbance in the early mother-child relationship (11, 37), is commonly the one who shows little or no separation anxiety. Either he has never experienced a continuous loving relationship or, more frequently, the relationship he has had has been disrupted so severely that he has not only reached but remained in a phase of detachment. As a result he remains detached and so incapable of experiencing either separation anxiety or grief. Lesser degrees of this condition are, of course, more common than the extreme degrees, and sometimes give the impression of unusually vigorous independence. Analysis, however, shows that the springs of love are frozen and that their independence is hollow.

It is not unlikely that the possibility of promoting early and often apparently vigorous independence in some young children by a measure of frustration of their need for attach-

ment has contributed to the notion that too much affection is bad for a child. There is no doubt that, in the short run, the child who is given more affection is sometimes more strongly attached and so, therefore, more prone to separation anxiety than are some of those who are treated more toughly (though by no means more so than all of them). However, since such 'dependence' in the well-loved child is outgrown and later provides the basis for a stable independence, it would be a mistake to suppose it pathological. On the contrary, as in the case of grief, the capacity to experience separation anxiety must be regarded as a sign of the healthy personality.

Though I believe that much of the variation between different individuals in respect of their proneness to pathological anxiety is to be understood as resulting from experiences such as we have been discussing, it seems probable that part of it is due to other factors. Thus it is most unlikely that all human infants are equipped by inheritance with instinctual response systems prone to develop responses of the same degree of intensity; whilst in others brain damage, caused before, during, or after birth, may make for undue sensitivity. Whatever the reason for it may be, those in whom the potential intensity is high will be greater risks for becoming entangled in the vicious circle of anxiety—hatred—more anxiety—more hatred—than will others. Only direct observations made whilst the child is developing in relation to his mother during the first two or three years of life can, I believe, throw light on this issue. It is to this task that research needs to be directed.

CONCLUSION

Although in the course of this paper we have strayed into areas of difficult and abstract theory, my interest in the problem stems from clinical observation. At first I was struck by the calamitous after-effects which are sometimes to be found following a prolonged separation or series of separations occurring in early childhood. Next, in my work with James Robertson, we were both struck by the intensity and universality of separation anxiety when very young children are removed from their mothers, by the processes of grief, mourning, and defence which habitually follow if child and mother are not reunited, and by the acute exacerbation of separation anxiety after the child's return home. Finally, like most other clinicians, I have been impressed both by the frequency with which separation anxiety is

exhibited at high levels in neurotic patients and by its ubiquity at more modest levels in the everyday life of all of us. It has been the attempt to understand and explain these observations which has led to this exploration of theory.

It will have been seen that the hypothesis advanced to account for separation anxiety is an immediate corollary of that advanced to account for the child's tie to his mother. In the earlier paper reasons were advanced why it was both legitimate and economical to conceive the child's tie as being the direct outcome of a number of instinctual response systems—crying, smiling, sucking, clinging, and following—which have become bred into the species as a result of their survival value. When they are activated and the mother-figure is available, attachment behaviour follows. Similarly, as we have discussed in this paper, when they are activated and the mother-figure is temporarily not available, protest behaviour and separation anxiety follow. This formulation not only has the merit of appearing to account for the facts but is also simple. Furthermore, it brings separation anxiety into immediate relation to grief and mourning, which in this scheme are seen respectively as the subjective experience and the psychological processes which occur when the responses mediating attachment behaviour are activated and the mother-figure is permanently unavailable, or at least believed to be so. A liability to experience separation anxiety and grief are thus the ineluctable risks of a love relationship, of caring for someone. This intrinsic connexion between separation anxiety and grief, and both with attachment to a loved object, to which Freud called attention in the final pages of *Inhibitions, Symptoms and Anxiety*, is also the theme of succeeding papers on grief and mourning in infancy.

APPENDIX

A Note on Terminology

In a passage in *Beyond the Pleasure Principle* (*S.E.* 18, p. 12) Freud seeks to differentiate between the conditions denoted respectively by the German words 'Schreck', 'Furcht', and 'Angst', namely 'fright', 'fear', and 'anxiety': "'Anxiety" describes a particular state of expecting the danger or preparing for it, even though it may be an unknown one. "Fear" requires a definite object of which to be afraid. "Fright", however, is the name we give to the state a person gets into when he has run into

danger without being prepared for it; it emphasizes the factor of surprise.' As we have seen, six years later in *Inhibitions, Symptoms and Anxiety*, he further differentiates the concept of anxiety, postulating two forms, one an 'automatic phenomenon' characteristic of id impulsiveness, the other a 'rescue-signal' characteristic of ego foresight.

The concepts and terminology advanced here have much in common with Freud's. Thus what I am terming respectively 'primary anxiety' and 'expectant anxiety' correspond closely to Freud's two forms of anxiety. The notion of primary anxiety, moreover, is very close to his original notion that anxiety is in some way connected with an 'excess of excitation' which cannot be discharged (see his paper on anxiety neurosis, *C.P.* 1, p. 76).

In general the concept of 'fright' advanced here also resembles Freud's, though it identifies it more precisely than did Freud with primitive instinctual response systems. Both concepts agree, however, that in fright the cognitive component is at a simple level and that, in contrast to fear, there is no 'definite object of which to be afraid'.

Unfortunately in colloquial English the word 'fear' is used in many senses, often being synonymous with expectant anxiety and sometimes with fright. It is therefore doubtful how wise it is to make any attempt to give it a precise technical meaning. Were we to do so, I suggest it might be reserved for the subjective state accompanying the responses of escape and 'freezing' whenever the cognitive component of these responses is at a higher level, namely whenever there is a clear conception of what object has activated them. Such a usage would, I believe, be close to what Freud had in mind.

Most other workers conceive anxiety in ways similar to that advanced here. Thus Goldstein (34) contrasts it with fear and postulates that anxiety is experienced when the organism is unable to cope with a situation and, as a result, is in danger of disorganization. This is a concept to which we shall be returning in a paper to follow in which the nature of depression will be discussed. Recently Gerard (32), approaching the problem from the point of view of neurophysiology, has remarked: 'Anxiety is largely connected with frustrated drives . . . with unfinished business . . . with events to come.' Like Goldstein, he emphasizes uncertainty and the unsolved nature of the problem. Several writers, on the other hand, for example

McDougall (60) and Basowitz *et al.* (5), whilst agreeing in general approach, seem to me in their description to be too preoccupied with behaviour dependent on foresight (and therefore with expectant anxiety) and to give too little attention to the more primitive processes underlying primary anxiety. McDougall in fact uses the term 'anxiety' as synonymous with 'expectant anxiety', and the term 'fear' to denote what I am terming 'fright'.

* * *

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A HYPOTHESIS REGARDING THE TIME OF APPEARANCE OF THE DREAM SCREEN¹

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The author has observed unmistakable manifest dream screen experiences only half a dozen times during eight years of psycho-analytic practice. Each analysand who presented the phenomenon was schizophrenic or suffered from a borderline state. Uniformly, the patient had reached the state of development in therapy when narcissistic identification was giving way to true object relationships via the transference and the dream screen episode immediately followed a threat of loss of the new object, which was intensified by a repetition in the environment of an experience reminiscent of a severe traumatic event from childhood.

Lewin (18) introduced the concept of the dream screen in a study in which he elaborated the idea that sleep 'repeats an orally determined infantile situation, and is consciously or unconsciously associated with the idea of being a satiated nursling'. A young woman reported: 'I had my dream all ready for you; but while I was lying there looking at it, it turned over away from me, rolled up, and rolled away from me—over and over like two tumblers.' From the analysis of this dream, Lewin was able to introduce the new term, *dream screen*, which he defined as '... the surface on to which a dream appears to be projected. It is the blank background, present in the dream though not necessarily seen, and the visually perceived action in ordinary manifest dream contents takes place on it or before it.'

Lewin (19) has further commented about the dream screen: '(It) represents the idea of "sleep"; it is the element of the dream that be-

tokens the fulfilment of the cardinal wish to sleep... it represents the maternal breast usually flattened out,² as the infant might perceive it while falling asleep. It appears to be the equivalent or the continuation, in sleep, of the breast hallucinated in certain predormescent states, occasionally observed in adults (13).' Following Eisler's view (6), in which each falling asleep psychologically repeats the events that take place in the baby when it falls asleep after nursing, Lewin (19) went on: '... the blank dream screen would approximate the baby's state of mind in sleep. The prototypic dream would be blank; it would consist only of the dream screen... plus whatever elementary disturbing sensations might enter from other external or internal fields of perception.'

Rycroft (23) sought to answer two questions regarding the dream screen: (i) At what stage in analysis are such dreams apt to occur? (ii) What is the dynamic process they represent?

Rycroft's patient 'was in a state of "narcissistic identification" since (a) he had withdrawn interest from external objects, (b) he was preoccupied with an introject, and (c) he identified himself with this introject.'³ The analysand presented dream screen phenomena at a time when an object relationship was developing. Rycroft considered the most significant aspect of the appearance of the screen phenomenon to be that it marked a shift from narcissistic identification⁴ with the internal object to turning toward an external object. He concluded that the phenomenon of the dream screen represents, in addition to the fulfilment of the wish to sleep at

¹ This communication is modified from papers presented before the Grupo Mexicano de Estudios Psicoanalíticos, Mexico City, July 1957, the San Francisco Psychoanalytic Society, October 1957, the Joint Meeting of the Western Division of the American Psychiatric Association and the West Coast Psychoanalytic Societies, Los Angeles, November 1957, and the Fall Meeting of the American Psychoanalytic Association, New York, December, 1957.

² The fact that infants watch their mothers' faces while nursing (25, 26) and that psychotics study their therapists' faces while relieving nursing fantasies (3) does not obviate the essential validity of Lewin's conclusions, inasmuch as the concept of breast might easily become fused with the concept of face, as the author has observed in the treatment of psychotics.

³ Personal communication.

⁴ 'Narcissistic identification', as used by Rycroft and the present author, follows Fenichel (8) and Freud (10).

the mother's breast, an attempt in the course of the analysis to re-establish an object relationship with the mother via the transference.⁵

CASE ABSTRACTS

Fragments of two case histories, typical of the seven available, will be employed to offer evidence for the tentative hypothesis which is proposed in this communication.⁶

Mrs K., a married woman in her thirties, began psycho-analysis within a few weeks after her second hospitalization and reception of electroconvulsive therapy, following upon a severe schizophrenic episode which had become patent during a pregnancy. She had been an 'as if' person (5). She had split her parent images and visualized her overtly cyclothymic, intellectual, delinquent, promiscuous, exhibitionistic mother as only intellectual and her sensitive, crass, bawdy, sharp business dealing father as solely sexual. Throughout her years at home she had lived in fear of the repetitious manic and depressive episodes which removed her mother physically and/or emotionally from the family. Her memories of home life were primarily centred about arguments, shrill accusations and counter-accusations, and a pattern in which her two sisters, her brother, and she played one another off against the individual parents and the father and mother off against each other, while the parents sought to turn each child against the other parent. She identified herself primarily with two introjects, the first the distorted shadow of the mother, the second that of the father. Her self-image consisted of sexual and intellectual facets which appeared to her an irreconcilable duo. She had lived her life as a caricature of her mother. She had continually sought new introjects and assumed attitudes and gestures of her various lovers, male and female. In her choice of sexual partners, she vacillated between those whom she classified as physical and those she viewed as artistic-intellectual.

The transference situation was confused and stormy from the beginning. In the initial interview she claimed that her illness sprang from having at 4 years observed her mother and a maternal uncle as they had sexual relations. Numerous themes radiated from this central hub from time to time during the course of her therapy. During the early months of her treatment her behaviour and associations indicated that she was for minutes or hours performing the role of one entire or fragmented introject and her analyst was reacted to as though he were a projection of another. At the same time, he was perceived for over a year as a glorified and a sexual maternal figure, endowed with highly un-

realistic, charismatic attributes. An almost unbelievably intense hatred existed for a previous therapist who seemed to her to be the image of her despised father. The therapy consisted for many months of confrontations with reality, interspersed with very careful rectifications of her own id-interpretations. She had to feel that she conducted her own analysis and perceived each interpretation which varied from her planned comments as a personal loss.

Almost from the beginning she gradually identified with the analyst's calm, and progressively she assumed more of his attitude of observation. Her manifold delinquencies were called by their accurate, common names, and she was not permitted to hide behind prettied-up explanations of her cheating, stealing, and obvious hypocrisies. With her growing assumption of his attitudes and calm in the interviews, her gross acting-out diminished externally, although with a temporal lag. The fragmentation of introjects and extrajects diminished, as did reality-testing deficiencies in general.

Towards the end of the first year, when oral-masochistic techniques which she felt had bound mother to her in a sort of psychological syncytium failed to involve her analyst, she began to view him as supremely sexual and yet unrealistically intellectual. A highly erotized transference developed during the ensuing twelvemonth, in which she paraded all the techniques with which she had tried, generally without success, to woo her father. Although the transference had the appearance of an oedipal relationship, the analyst yet existed partly as a projection of her internalized parental images, with the paternal introject more highly coloured. She began to develop the capacity for true ambivalence so far as the therapist was concerned, although preambivalent relations largely persisted with other objects. Thus, during this period her identification with internal objects was giving way to the development of a true object relationship with the analyst. Gradually, as she began to be convinced that her reactions to others were largely based upon her seeing in them projected parts of herself, she began to gain more than intellectual insight into the motivation for her quest of a penis, the acquisition of which was supposed to enable her to gratify her mother sexually, in return for the privilege of fusing with mother's breast and living in ecstasy (2, 21).

At the time of the episode to be discussed, Mrs K. had for some months been begging for intercourse. She had used all her wiles to tempt the analyst to engage in the mutual acting out. A few weeks before the period to be described in detail, she had taken to lying on the couch with her legs spread apart, her breasts thrust upwards, and making caressing

⁵ See also Fliess (9), Garma (11), Heilbrunn (12), Kanzer (14), Kepecs (15) and Spitz (27, 28, pp. 77-79; 113-114).

⁶ The author is indebted to Dr José Remus Araico for one case history, that of a borderline patient (22).

movements of her body and legs with her hands, as she sensuously shifted her position. During the interviews she had strong sexual reactions. Her dreams were laden with experiences in which she openly involved the analyst in sexual relations, primarily of an oral-genital nature. Her picture of orgasm was a state in which sexual partners fused, and upon separation each had taken on qualities of the other. Although she consciously wished to abandon her behaviour during the interviews, she could not, and was frequently amazed when the analyst pointed out her sexual actions. While she was going through this phase, vacation dates were set for the summer. She seemed undisturbed.

The night of the interview when the period of absence was named, her husband forced cunnilingus upon her. During the following session she returned for the first time in many weeks to her early observation, fantasied or actual, of mother and uncle engaged in sexual activity. She decided that her previous conviction that she had viewed intercourse was fallacious. She claimed that she recalled with great emotion and clarity standing in the bathroom door and watching either cunnilingus or cunnilingus and fellatio. She stated that she had urinated and probably simultaneously masturbated. She had wanted to experience the sensations of each partner, obtain their fluids, and become fused male-female, totally satisfied and oblivious. While on the couch she had genital sensations which she described in such a way that there could be no doubt she imagined her vulva and clitoris as fused and elongated. She burst into tears with the thought that her tears were like a male orgasm. Then she felt relieved.⁷

During that interview she presented a dream in which she abandoned her analyst for a female therapist, his imagined wife, whose words might be more palatable to drink. The next day, a Friday, she ranted about men's perversions with their daughters. When she was confronted with slightly obscured sexual activities which she performed on her young son, she equated him with her younger sister, with whom she had been actively incestuous, and proceeded to relate with real feeling details concerning homosexual activities of adolescence. When it was demonstrated that her reasons for believing she had then possessed a retractile penis were fallacious, she became utterly furious.

On Friday night she fortuitously met a known homosexual woman and was strongly attracted. She vividly imagined herself sitting astride the woman, with her vulva and clitoris fused into a penis which brought herself and the partner to orgasm in which each participant melted into the other.

On Monday she reported a week-end marked by

elation. She no longer needed analysis and was a 'complete woman'. She had been intensely narcissistic and had unwittingly provoked her husband into nearly beating her.⁸ On Sunday night she had visited the movie *Baby Doll*. During the interview she said that she had been unaffected by the cinema. Sleep had come easily, but during the night she awoke experiencing intense orgasm. She felt she had experienced a dream without visual content.⁹ She had found her hand pressed on her genitalia when she awoke. Questioning revealed her conviction that a penis had grown there. When she was confronted anew with the fact that no penis was present, she became very angry, cried, and complained of feeling raw between the legs and of having lost something thence. She became intensely excited and begged for sexual relations. Then she recalled that during the movie she had sat with her legs drawn up in her 'sleeping position', with her hands pressed against her genitals. Suddenly she had the vivid fantasy that her analyst had an erection. She wanted to suck and plunge her head up and down until ejaculation occurred and then to swallow the semen. This was a newly conscious desire. She had often performed fellatio but spat out the semen lest it choke or poison her. Now she would swallow the semen and all the rest of the therapist. Then she would sleep. She would be his baby, but he would be in her body. She said: 'So you're not a man at all. You're a breast with a nipple. When I was psychotic, I was anxious with amorphous fears. I couldn't put my finger on my insomnia. I was afraid to sleep. I was afraid I would die. Never wake up again because of amorphous guilt. Mostly about the aborted babies. I literally feared God would strike me dead with sleep. I'd go to Hell. I had recurrent fantasies (hallucinations) I was in a boat crossing the River Styx. Charon was there. I'd never get to the shore of Hell. I'd be forever on the water. My mother's urine and my urine. The stream of my hostility for not being granted babyhood forever. I've thought of myself as a pretty baby doll. I've wanted to kill all the others so I'd be the only one.'

On Tuesday she brought a dream: 'It was terrifying. I was in a café with open booths. My husband had left me. He, Marilyn (a mother surrogate), and I were sitting with others. He went to Marilyn. I lay on the floor or a low bed. He placed her on a bigger bed across the room and mounted her, sitting with his legs astride her and his penis in her, and rocked back and forth. I watched and whimpered. They looked as if they had pleasure. His look was of sadistic triumph. He was oblivious of me and without concern for her.'

⁷ Dr Lewin has stressed in a personal communication, in this remarkable hour, Mrs K. was struggling between an oral and a genital position and was attempting to compromise by the body-phallus equation (17).

⁸ Deutsch (4) portrayed a hypomanic woman whose principal denial was the absence of a penis. See also Lewin (20).

⁹ Kanzer (14) suggested that the blank dream could hide the phenomenon of feminine castration.

She looked as if she enjoyed it. Her mouth was slightly open and there was hard breathing. Excitement. The blankets were strewn around on the bed. She raised her hips. They were both clothed but she had no pants on. I didn't feel they had orgasm. He got up and reached for my younger sister. Then I stopped watching him and don't know what he did to her. He came to me and we danced. I asked if he had done that with Marilyn to make me cry, but he said nothing in the whole dream. It was a slow dance without music. Then he changed into a Texan I used to know.' She interrupted her recitation to talk about the Texan. He had chosen another woman. Mrs K. had been angry, not at losing the man, but, because he would have access to the breasts of the Jewish woman who closely resembled Mrs K.'s mother.

She returned to the dream. 'Then the Texan and I had intercourse. On a bed, I think. As I was having it, I began to see it on a film. Then the picture melted down and we melted together and the film was blank. I could still see the film. It seemed I was surrounded by square objects. A house of cards. I felt myself funnelled down some place and I was insane. I had a sense of sinking, a loss of identity. His identity was lost, too. We had become a fluid together. He was in me, after the house collapsed.' Recalling the Isakower phenomenon (13), the therapist inquired whether she had experienced or was feeling sensations in her mouth. This she denied, but stated she felt pain in her right arm, a sensation she associated with self-punishment for childhood masturbation. 'I had the pain then, too. I stood and screamed and screamed. I wrenched myself out of the horror with my arm hurting and my body quivering. The reality of the dream enveloped me. I lay on my left side with my knees up in my sleeping position and my right hand over my vagina. In the terror I thought of my need for you.' At this point she moaned and sobbed. Crying had been very rare during her analysis. 'I wanted to call you then, at two o'clock in the morning (nursing time). But then I remembered that I was in analysis and I had to relive these experiences to get well.' At the end of the interview, she added as an aside, and for the first time, that on the preceding Friday night a homosexual woman had seemed repulsive to her.

During the next week, material continued to emerge regarding her intense desire for a penis and the magic she ascribed to the possession of such an organ, combined with recollections regarding homosexual experiences and particularly her strongly felt attraction to the woman she had met on Friday, and her defensive reaction of repulsion.

Associations obtained subsequent to the data

presented above revealed that her reaction to the threatened leaving was the loss of the mother's breast, equated with body and penis. The forced cunnilingus was frightening because it reminded her not only of the experience at age 4, but because her husband might devour her supposed phallus. She reacted with the body-phallus compromise and the renewed strong denial that she had no penis. The elation of the week-end seemed to serve the purpose of denying her incapacity to satisfy the homosexual woman, that is, recombine with a woman in a fusion state, through use of a penis constructed of her joined vulva and clitoris. When she saw the movie *Baby Doll*, in which the heroine so sharply resembled Mrs K. in certain aspects, her genital pressing coincided with Baby Doll's thumb-sucking while, as Mrs K. viewed the scene, blissfully fantasizing fellatio. The blank dream with orgasm ensued, followed by further denials of castration. The restitution attempt took the form of fusing with the analyst through fellatio. The dream screen experience, combined with the associations of the preceding interview, may well present the repressed content of the earlier blank dream.

The interruption of the manifest dream relation with the reminiscence about the Texan and the big-breasted Jewess likewise affirmed the homosexual nature of the dream material, as the presence of Marilyn had done in the manifest content.¹⁰ Apparently as intercourse neared climax, fusion melted the mother and child together. The dream content disappeared except for the screen. However, the sleep which resulted was by no means untroubled. Perhaps the retention of the breast-sleep-image, the screen, revealed the significant difference between early infantile sleep and mania, namely the partial unconscious awareness that the fusion is only an impossible dream. This would be consistent with the fact that a hungry child's dream of eating does not keep him asleep indefinitely.

An additional factor merits mention. When she was in her parents' bedroom, she lay on a pallet lower than the bed. When she stood in the bathroom and watched her mother and uncle at 4, the bed was on the other side of the room.¹¹ She probably urinated. She had been constipated for some days before sitting beside the homosexual woman. In the manifest content of the dream, she lay on the floor or a low bed in the position in which mother administered her enemas. This phenomenon could be viewed as indicating that her fantasies of sitting astride a woman were also examples of identification with the aggressor. In the dream, the action was executed on mother and younger sister. She had watched the latter receive enemas in the same position, with flushed excitement and pain.

¹⁰ This woman's blank dream and elation employment seem to be closely related to that of Lewin's hypomanic patient (16).

¹¹ Whether this experience was real or imaginary, the mental content is significant.

When Mrs K. had been exposed to enemas, she had gladly submitted. Her constipation stopped after the dream screen experience.

Further speculations could be made regarding the role of Hell, reached by crossing a river of urine produced by hostility and excitement. Whether this would be a hell in which one could forever play with faeces or no, it appears that the death would be a prolonged sleep, an everlasting union with mother, achieved through urogenital routes, routes she sought to use after physical sucking on mother had to be renounced. It cannot be without significance that her mother used to talk of the application of urine for relief of pain, a custom of her homeland, or that Mrs K. thought she recalled mother's applying urine to her brow for the treatment of headaches.

Mr M. was a moral masochist, an impulse-ridden person, and grossly dependent. His symptoms defended against guilt and hostility, fundamentally against his mother who suffered from a cyclic disorder. When he was 22 months old, a brother was born. For about two years Mr M.'s jealousy was nearly uncontrollable and he tried on various occasions to murder his rival. From about the age of 4, his hostility was defended against by insecure reaction formation. He became his brother's keeper, a watchful, careful guardian who gave the younger one belongings and services and protected him against the attacks of other children, which Mr M. frequently provoked. When he was 8, his mother died, delivering a baby girl. The stepmother demanded strict obedience within the home and encouraged delinquency without. The father was overbearing, intolerant, and demanding. His principal treatment of his sons consisted of ridicule and teasing; his daughter he abandoned. Mr M. went through life guilt-ridden and seeking physical and mental pain.

He developed a life philosophy of helping others. He became a school teacher and an athletic coach, after a career of strenuous sports competitiveness. When his third child had died soon after birth and his wife, upon whom he was deeply dependent, nearly lost her life, he became somewhat withdrawn and turned to religion. He decided that his help for others was insufficient and that he would become a psychological counsellor to carry on the work of Christ. Although he was academically and financially secure, he re-entered a university to obtain a higher graduate degree. While reading psychological literature he was repeatedly confronted with phenomena surrounding reaction formation and became obsessed with fears lest he should go insane and murder, particularly women and small children. He sought psychiatric assistance, but rapidly deteriorated into a man who could not leave his house, room, and eventually bed, lest he go berserk and murder. He became hallucinated and deluded, was hospitalized and given electroconvulsive therapy.

In his post-treatment elation he undertook considerable activity. So far as he was concerned, he was well. He had not been actually ill, but tried by God, in order that his experience of pseudoin sanity would give him more counselling understanding. His former state gradually recurred. Severely phobic and terrified, he appeared for therapy.

The first nine months of his analysis found his identification with introjects abating and a true object relationship budding. In the transference situation, the analyst, who had earlier been endowed with the qualities of projected introjects, became fairly consistently treated as the mother, particularly as a pre-oedipal figure. During the period of the shift from narcissistic to object identification, vacation dates were set. The following interview, on a Friday, he was silent, a reaction which was new, before a threatened period of absence. On Monday he reported a weekend of elation. He was jocular and teasing. His verbal content was laden with sarcasm, ridicule, and denials. He spent the first forty minutes of a fifty-minute period in an increasingly desperate attempt to provoke the analyst into anger. The therapist's silence became unbearable to him. He writhed and hurled cursing insults. Similar behaviour had been observed previously, and had meant that when the analyst was silent, Mr M. feared he had murdered him. Finally came an inquiry whether some event had disturbed him over the week-end. He ignored the question for five minutes and then shouted: 'I'll not satisfy your fucking-arsed Freud theory by being angry with my wife.' He suddenly stopped and reported a dream of Friday night: 'I carried sick children or guinea pigs in the back of my station wagon, to help them. But they got germs in my back end.' He then recalled that he had had to assist in the burial of a guinea pig on Saturday, saying: 'My daughter's guinea pig died. I tried like Hell to save it. I was scared. I'm scared as *shit* of death. One time we had a cat that died and I couldn't touch it. I had to have my wife carry it out to the grave. Maybe I'm mad at God for letting things die. God's doing wrong. He shouldn't *kill* things. He's unfair. I don't believe in Heaven. Hell, no wonder I fear death.'

On Tuesday he appeared calm and thoughtful. He said: 'It became evident that I hate God with a passion. I had a dream last night. I couldn't see anything but a hazy, grey cloud. I thought the words "The most horrible hate is the core hate, the anal hate".' He went on: 'Anality is parsimony. The root core part of my problem is my hate for God. If I can get the roots tranquillized, the trunk and the branches and leaves won't be poison.' He returned to the material of the previous interview. He had heard the pig squealing. The pig lay on its side, paralysed and quivering. His first impulse was to feed it; to hold it to his chest. 'But I saw it was paralysed. I was afraid to touch it. Germs. Poison. Shitty sick, vile, weak. I'd get it from touch-

ing the fur. Finally I gutted up and touched it. I was afraid to look at it. It might die. I'd have to bury it in the cold ground. Oh, Jesus, now I remember. After my mother died, I used to dream my mother had been buried alive and was screaming and clawing to get out. Then I heard that dead people's hair goes on growing and I dreamed she was all hairy.' He cried. He opined that if his mother had not died, he would not have become sick. He castigated his stepmother and continued: 'I buried the pig under a tree. By the roots. To fertilize the tree. I want my ashes thrown on a flower bed. In the dream, the animals were sick. In the back. In my anus and colon. I wanted to push them out. Poison and bad. But I had to hold them in and help.' The analyst inquired why the pigs had been in the back of the car. 'Hell, I ate them.' It was asked whether he feared he might eat the dead animal. 'Christ, yes. That's why. Did I really want to feed on my dead mother and keep her in me? Shit, yes.'

At this point in the interview he felt physically helpless. The couch seemed to him to have spread out. 'I feel like I was on the operating table. With my penis exposed. Nekkid. I feel so damned cheap like I was a damned sham. I feel sick. I don't want to die. My mother's in Heaven. I've not been a gentleman. I've been a wild animal. She'd be there and she'd be ashamed of me.' After a short silence he went on: 'The dream was just haze. Like looking at a cloud. I see it now. It's white. Now I see a pug nose on it. A lit red light bulb. A baby's head? A darning egg, to hold in the hand? Now it has become a rain cloud. It's angry and raining, now. The nose has gone. Lightning and rain come out of it. I see the tree. My tree. It's not a successful feeding. An angry one. A bad old deal. The storm might kill the tree. Then it would be dead, decayed wood. Worms would eat it like they ate my mother. Now the storm is leaving and the sun's coming through. God. If I were well, I'd have nothing to work on. No aggressive need. I'd be so satiated. I'd end up a damned peeper. Just watch people's faces and reactions. The ball game would be over. I don't want to get well and have to leave you. I'd be unable to see you any more.'

A brief summary of the fragment concerning the dream screen experience is in order. He reacted to what he perceived to be a threat of desertion by withdrawal. The guinea pig became ill and Mr M.'s impulse was to nurse it to prevent its death. The dream of the children in his colon revealed his regressive, cannibalistic method of preventing loss. An elation reaction ensued and seemed to serve both as a denial of the devouring and of the threat of retaliation for ingestion and anger at God. God, as his analyst, was consciously equated with father but unconsciously with mother as indicated by ample

prior and subsequent material. During his acute psychosis he¹² was sure his insane (shitty-dirty) thoughts would transmit psychosis to his therapists. His fears that he had murdered his mother were evident from associative material previously produced. It was at this point, then, that the dream screen phenomenon appeared. It will be recalled that his first associations were 'Anality is parsimony. The root, core part of my problem is my hate for God. If I can get the roots tranquilized, the trunk and the branches and leaves won't be poison (to my eaters).' The overdetermination of the following statements is obvious enough: the equation of vagina and anus, the fear of massive homosexual desires, the denial of feminine castration, the taking in by eating and retention to prevent loss, the transformation of the eaten through hostility into poison, the murder of the woman by the penis, and the retributive wish to kill through feeding poison via defecation all seem clear. Then in the interview appeared a state somewhere between depersonalization (1) and hypnagogia (13).¹²

The symbolism of the associations which appeared during his dreamy state is sufficiently lucid. In addition, following interviews revealed that the meanings of the symbols were preconsciously known to him. The cloud-screen became a breast with a big, attractive nipple which was simultaneously a baby's nose, as was the nipple-breast at the same time a baby's head, to be nursed and held in the hand. Threatened removal of the breast produced fury in the baby whose anger was projected on to the breast which angrily fed the baby-tree and resulted in its death, which then, through reaction formation, did not kill children-flowers but instead nourished them. To reverse the reaction formation, the babies were killed by the hostility-poison which was defecated on them. Mr K.'s associations to these phenomena led to emotional speculations regarding his reactions to the birth of his sister and the revived fury against the baby which killed the mother, if his own anger did not.

The wishes to eat and to be eaten are clear enough in this material. Then was stated the wish to sleep: 'If I were well (that is, reunited with my mother's breast in an objectless state without hostility) I'd have nothing to work on (that is, to grab on to and bite), I'd have no aggressive need. I'd be so satiated.' Then came an interesting statement reminiscent of the observations of Spitz (25, 26) and Boyer (3) that babies and psychotics watch their mothers' faces and reactions while feeding: 'I'd end up a damned peeper (damned because of later scopophilic tendencies). Just watch other people's faces and their reactions. The ball game would be over (that is, athletic struggle for the ball and the goal, the breast and reunion).'

¹² See also Sperling (24) and his references.

DISCUSSION

The case fragments contained in this communication present common denominators applicable with but slight differences in detail to the six histories from the author's practice and that provided by Dr Remus.

The mothers of Mrs K. and Mr M. had been cyclothymic and both patients had suffered overt schizophrenic episodes. Although each had begun treatment while actively psychotic, he had been able to tolerate psycho-analysis without alterations in the basic technique. Each had been interviewed four or five times per week in the usual couch situation and the therapist had maintained his role strictly as clarifier and interpreter. Each had made a definite shift from dealing with the therapist as projections of introjects to a tenuous but clear object relationship, having made of him a generally consistent transference figure while simultaneously identifying with certain of his realistically evaluated ego and superego attitudes. Both analysands had been confronted on previous occasions with separations from the analyst, after the shift from narcissistic to object identification had begun, but neither elation nor dream screen had followed. The earlier separations had been assumed by the analysands to have been for business purposes and had lasted but for a few days. The vacation period had been announced as such and each patient subsequently revealed sharp jealousy and fear of loss of the analyst's love. In addition to the holiday threat was an event in the environment which stirred memories of severe past traumata, each having to do with the loss of the mother. Regression to an elated or hypomanic state occurred, the analysis of which confirmed Lewin's (20) explanations.

How can the appearance of the elations and the dream screens be explained? Each patient had been able to form tenuous object relations in early childhood. However, the mental states of the mothers had left them periodically bereft, probably partly in as much as neither possessed a father capable of becoming a satisfactory mother-surrogate. During the life of each patient, he had turned to various figures in a frantic attempt to regain the earlier relationship with the mother; the sex of the tentative love object was unimportant. When relations with such mother-substitutes reached the bedroom phase, each had withdrawn into narcissistic states. In the analytic situation, each was markedly fearful of intimacy with the analyst and used withdrawal of various forms to main-

tain distance. Nevertheless each had begun to develop a basic trust (7) and to learn to accept the analyst more as a real person. With the concatenation of shift from narcissistic to object identification, threat of loss of the new, good mother and the external event which revived memories of childhood trauma, each renounced the new attachment and regressed to a psychologically objectless state, an attempt to fuse with the breast. The superego was largely renounced, with its archaic, maternally determined facets, and then followed the dream screen experiences, the analysis of which confirmed Lewin's hypotheses, that is, they represented a state of fusion with the breast, a renunciation of ego and object relations. The analyses of the experiences enabled recovery within a few days to the pre-vacation threat state of relationship with the analyst. It could also be said that each patient regressively sought to deny an object relationship which could again prove disappointing and sought to fuse with the new maternal surrogate, to eat and be eaten by, to prevent loss.

Rycroft's (23) contention that the dream screen represents an attempt in the course of the analysis to re-establish an object relationship with the mother via the transference seems paradoxical, inasmuch as fusion with the breast is a renunciation or denial of an object relationship. However, the paradox may be only apparent, depending upon one's viewpoint. In personal communications, he has added the following data which may reconcile his and the author's standpoints, explaining a modification of his theme and adding further data regarding his presented case. He states: "After the dream he (the patient) projected the introject ('ideal breast') on to the analyst. The resulting relationship I inaccurately, but I think comprehensively, called an external object-relationship, even though, as I put it, 'the external object still has the projected imago of the phantasied breast.'" What I then called an external object-relationship I should now call a projected internal object-relationship, but I would maintain that my patient's outlook was still one of narcissistic identification, but that it differed dynamically from the prior one in that the projection on to a real person, myself, opened up the possibility of a true object-relationship. Another way of putting it would be to say that the dream screen initiated a double cathexis of the analyst, one narcissistic and identificatory, the other an object cathexis, and that this double positive cathexis neutralized his fear and suspicion of me. It is

my view that the events leading up to the dream, the quasi-hallucination, etc., were the process of projection *in statu nascendi*. Although the clinical material I presented showed clearly the importance of the threat of the loss of the newly discovered object I failed to take account of it in my theoretical formulation. This I think is the reason why I interpreted the screen dream in a progressive sense in contradistinction to your regressive interpretation. However, if one draws a distinction between the significance of a screen dream occurring and the interpretation of the screen dream, our apparently contradictory interpretations can be reconciled, since these patients, instead of abandoning their new object when threatened by its loss and actually regressing, only have a dream of regressing and by doing so maintain the new object-relationship. When writing the paper I had the idea that one can only have a dream about the breast if one has got further than primary identification with it, that if it can be visualized it cannot be imagined to be in or attached to the mouth. If this idea, which derives, I think, from Lewin and Clifford Scott, is right, then a screen dream represents an advance in the level of regression, a decrease in the depth of regression, to which the patient can regress if he has made the crucial

advance from narcissistic to object identification.'

SUMMARY

Visual dream screen phenomena were presented by seven analysands, all of whom suffered from borderline states or schizophrenia. From the information available from their analysis, a tentative hypothesis is offered that dream screen experiences appear in therapy when patients reach the state of development when narcissistic identification is giving way to true object relationships via the transference, there is a threat of loss of the new object, and an event occurs in the environment which strongly reminds the analysand of a severe childhood trauma interpreted as desertion by the mother or her surrogate.

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UNCONSCIOUS FACTORS COMMON TO PARENTS AND ANALYSTS

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I propose, in this communication, to compare two relationships in which emotional growth occurs. These are the parent-child and the analyst-patient relations. The focus of attention will be on the unconscious activities of the participants and how these activities may contribute to personality growth. The primary purpose of the comparison is to arrive at one theory which will account for both forms of emotional growth.

I wish, in anticipation, to mention two implications which may arise out of the presentation, though they are unintended. First, the emphasis on the similarity between parent and analyst is not meant to deny the obvious and frequently described differences. Second, the description of similar unconscious elements is not intended to advocate that the analyst *should* feel and behave like a parent. It is intended rather to stimulate inquiry into what could possibly be the active ingredient in psycho-analytic therapy.

The point of my thesis and discussion will perhaps become more clear if I indicate briefly how I happened to become interested in this topic. Some years ago, the opportunity was provided me of making a diagnostic study of 54 so-called normal latency children and their mothers. A certain number of these children were found to be optimally normal, that is, emotionally and psychosexually mature. Because of this finding the following questions came to my mind: (i) Is the emotional growth or psychosexual maturation which occurred in these children quantitatively and qualitatively the same as that experienced by the patient in the analytic setting? (ii) If the answer to (i) is in the affirmative, then what is there in common between the growth-facilitating parent and the growth-facilitating analyst?

As regards (i), it would be difficult to prove or disprove conclusively that the equating of the two kinds of emotional growth is justified. One

difference is that the patient is chronologically an adult with a more or less adult ego structure and has already traversed, if not mastered, the previous growth stages. Yet a weighty counterbalancing similarity is that in psycho-analytic treatment the opportunity is provided for the patient's psyche to go back and resume its natural growth from the point at which it had become fixated or to which it had regressed, and we see the patient progressing through the same growth stages as young children pass through with their parents.

Rather than dwelling on the justification for equating the two kinds of growth—an interesting topic in its own right—I shall adopt it as a premise and proceed to the second question: What was there in common between parents and analysts? Not, of course, the investigative orientation of the analyst, his knowledge of the unconscious, and his deep interpretative techniques. Was it then an emotional maturity which was common to both growth-facilitating parent and analyst? There was evidence strongly supporting this possibility in that the mothers of the optimally normal children evidenced greater psychosexual maturity than did the mothers of the other children studied.

Thus one might have said that the emotional growth of the child and patient is facilitated by their being in a relationship with an emotionally mature adult. Although the mother has reached her maturity by natural means, and the analyst partly by natural means and partly through his own analysis, the end result would be the same. This end result has obvious advantages for child and patient. The emotionally mature adult is capable of beneficial object-relationships; he would be reliable, he would not stand in the way of the child's or patient's drive for autonomy, he would be firm when necessary, he would not present the child or patient with contradictions

incapable of being integrated, and he would serve as a good object with which the child or patient could identify.

Although I believed, and still believe, that this answer—that emotional maturity is the common feature—is essentially correct, it does not tell the whole story about emotional maturity. The version given here is a rather static one. The emotionally mature adult is pictured as a satisfied person who, having completed his own integration, can now offer himself as an eminently suitable, non-involved, non-obstructive object to the child and patient—can offer himself with no strings attached. The emotionally mature adult is not pictured as he should be pictured as a still hoping, wishing, fearing person who must have some of his own needs satisfied when he participates in an interpersonal relationship.

In the emotionally mature mothers, the fuller picture was seen. Although many aspects of the Utopian, static object could be noted, e.g., dependability, understanding, objectivity, yet there were unmistakable signs that a dynamic life was still going on, as evidenced by mood swings, resentments, wishes, and anxieties. More specifically, however, there were unmistakable signs that the emotionally mature mothers utilized their children to gratify some of their wishes, and to allay some of their basic anxieties. Expressed in broad, non-technical terms, these mothers used their parenthood to preserve their own continuity—to continue or to resolve through their children some aspect of their own growing up.

Now much of this has long been known, although it has perhaps been thought of as applying more to immature than to mature parents. Freud, in his paper 'On Narcissism', classified parental love as love according to the narcissistic type, that is, the parent loves 'what he himself is, [or] what he himself was, [or] what he would like to be, [or] someone who was once part of himself' (6, p. 90). 'If we look at the attitude of affectionate parents towards their children,' he wrote, 'we have to recognize that it is a revival and reproduction of their own narcissism, which they have long since abandoned. . . . They are inclined . . . to renew on his behalf the claims to privileges which were long ago given up by themselves. . . . The child shall fulfil those wishful dreams of the parents which they never carried out (6, pp. 90-1). He goes on to say what anxiety impels the parents to renew themselves in their children. He writes: 'At the most touchy point in the

narcissistic system, the immortality of the ego, which is so hard pressed by reality, security is achieved by taking refuge in the child' (6, p. 91).

Freud's later writings do not mention any comparison between analyst and parent. And with few exceptions, the subsequent literature contains no description of the libidinal position and unconscious orientation of the analyst, which bears any resemblance to that given by Freud concerning the parent. According to the prevalent traditional opinion in the literature, the analyst is not described as loving (or even being interested in) the patient in a narcissistic way, or as renewing in the patient's person some ancient claims of his own, or as seeking to fulfil through the patient his own dreams or wishes, or fleeing to the patient out of concern over the immortality of his own ego. While the analyst is admittedly rather human and may evidence these narcissistic reactions towards his friends, his wife, the children, still in his relationships with his patient he has a different unconscious orientation which is influenced toward sublimation by what has been sometimes called his special 'work-ego'. And while it is true that the patient may stimulate certain parent-like reactions in the analyst, the constant and sometimes exhausting effort in handling these reactions so that they are sublimated in the direction of cognition and investigation is totally unlike the orientation of the parent.

In only a few papers in the literature are parental attitudes specifically mentioned in reference to the analyst's psychology. Gitelson mentions them in connexion with his warning about the dangers of artificial role-taking and maudlin sentimentality. He writes, 'Any analyst who looks upon himself (as "motherly" or "fatherly") may be presenting a chronic character defence or surviving transference potential . . . and that in psycho-analysis proper is a gross interfering factor' (8).

In the writings of Benedek a somewhat different picture of the analyst and many parallels to the parents may be found. A suggested resemblance of analytic to parental behaviour may be seen in her statement, '(It becomes) part of the therapeutic activity to analyse and *influence* (italics mine) many of the actual decisions and life situations of the patient' (1). A more open parallel between unconscious activities of analyst and parent may be seen in her paper on 'Counter-transference in the Training Analyst.' She writes, '. . . Training analysts tend to project themselves unduly in the candidate, they tend to

identify themselves as parents do with their children—with the candidate. . . . The training analysts often act and often they even behave as overprotective parents' (2). Benedek here is obviously not advocating that training analysts should behave like parents, but rather observing that they do tend so to behave.

Racker, like Benedek, finds parallels between the training analyst-candidate situation and the parent-child situation. He says that if the training analyst represses his counter-transference, he will not be able to analyse the candidate's transference successfully, and the candidate will similarly repress his own counter-transference when he becomes an analyst. This sequence of events 'is a heritage from generation to generation, similar to the heritage of idealization and denial concerning the imagoes of the parents, which continue working even when the child becomes a father or a mother' (12, p. 307).

Thus the literature, with the exception of papers such as Benedek's and Racker's, offers few direct clues as to unconscious features common to growth-facilitating parents and analysts. It appears, though, that the bulk of the literature, rather than explicitly denying that there are such common features, tends rather to emphasize what seem to be the differences between analyst and parent. Thus, regarding the analyst, the emphasis is on the unconscious sublimatory work which the analyst's psyche has to do on the crude narcissistic impulses aroused in him by the patient, rather than on the narcissism itself. Regarding the parent, the emphasis is on the unconscious narcissistic impulses instead of on his sublimatory powers.

One could proceed deductively in this matter and assert that whatever Freud described about the unconscious activities of parents would apply equally to the unconscious activities of analysts. The syllogistic argument would be as follows: (a) Parents tend to renew or continue themselves through their children because of a basic anxiety; (b) all mature adults have this tendency and anxiety because certainly an adult does not become less mature by virtue of his becoming a parent; (c) therefore the analyst, being a mature adult, has this tendency and anxiety.

Apart from the syllogistic argument and equating, the task still remains of more clearly delineating the unconscious factors common to analyst and parent, and of describing what bearing they have on the emotional growth of the patient and child. If we begin with the analyst, about whom more has been written, it appears

that his principal, pertinent unconscious mechanism is that of identification. By consciously putting himself in a state of free-floating attention, he allows his unconscious to be stimulated by and to identify with the unconscious of the patient. This sequence of events is the basis of empathy and of understanding the patient. Fliess gives a clear exposition of the sequence in his description of the empathic trial identification: '(i) The analyst is the object of the patient's striving; (ii) he identifies with his object, the patient; (iii) he becomes the subject himself; (iv) he projects the striving, after he has tasted it, back on the patient and so finds himself in possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation' (4).

The parent, according to such writers on motherliness as Benedek, engages in similar empathic identification activities. Furthermore, mature mothers in the 'normal' study showed unmistakable evidence of being able to empathize with their children's need for dependency and autonomy. Other mothers in the study showed a limitation in empathy in as much as they identified the child wholly with themselves or their understanding of the child was blocked by their guilt. To be sure, the mature parent does not consciously put himself in a state of free-floating attention, nor does he consciously use the empathic end-result for the purposes of interpretation. However, the essential unconscious process and mechanism, that of empathic identification, is highly similar to, if not identical with, the unconscious process in the analyst.

The question arises, 'What bearing does this identification process in analyst and parent have on the emotional growth of patient and child?' In the case of the analyst there are two possible bearings: (i) The analyst's interpretation, which is derived from his empathic identification, enlightens the patient, makes conscious for him what was previously unconscious, and so liberates energy for ego growth, energy which had previously been used by the patient for repressive efforts. (ii) The analyst's empathic attitude—considered quite apart from the derivative interpretation, but considered in relation to how he communicates his interpretation—conveys to the patient a feeling of closeness and support, which, by decreasing the basic anxiety of the patient, makes repressive efforts less necessary and thereby frees energy for purposes of ego and emotional growth.

In the case of the parent, only the latter bearing

would apply. If, as Freud says, the first and basic anxiety of the child is that relating to being alone, to being unable by himself to cope with the intense instinctual frustrations, then the empathic supportive identification of mother with child does much to decrease the child's basic anxiety. And, as Benedek writes, such repeated empathic identification by the mother gives rise in the child first to a feeling that the mother is with him and then to a more conscious feeling of confidence. In each subsequent growth stage, after the oral dependent one, the empathic non-anxious understanding of the mature parent helps the child to negotiate the growth stage successfully.

If we stopped at this point, we might say that a strong case could be made out for the thesis that identification is the *basic* unconscious mechanism common to analyst and mature parent which has a direct causal bearing on the emotional growth and maturation of patient and child. By 'basic' I mean that identification activities are the crude raw mechanisms out of which empathic understanding arises. Although identification is a necessary precursor to empathy, there is no guarantee that identification will always lead to empathy. Unless the identification process undergoes much conscious and unconscious sublimation and refinement, there is a considerable probability that the child and patient will not receive the benefits of empathic support but rather will suffer the consequences of mis-identification, to use Knight's term. In mis-identification the parent and analyst, instead of identifying with the real child and patient, identify them with other children, other patients, objects from their own past, and with themselves. The child and patient, in turn, do not feel really identified with, but rather that they are mis-identified or confused with someone else. With the proviso, then, of necessary sublimation of the crude mechanisms, the thesis remains quite attractive that identification is the unconscious process common to growth-facilitating parent and analyst.

I should like to go beyond this point, however, and inquire into unconscious identification, the precursor of empathic understanding. For it is in this area that differences between analyst and parent are sometimes alleged to exist. Concerning this large and complicated topic of identification, I wish to deal mainly with the roles played by introjection and projection. Most of the literature emphasizes introjection as the main mechanism in the analyst's identification activi-

ties and projection as the main mechanism in the parental identification. Because of this differential emphasis, the impression may have been gained that parents and analysts differ in this aspect of unconscious activities.

The essential feature in introjective identification is that the ego of the identifier is modified by what he takes in or introjects from the object—and that the object's ego remains unchanged. The essential feature in projective identification is that the ego of the identifier is unchanged, whereas the object's ego may be modified or under pressure to modify, if the identifier is strong and the object is weak. In other words, in introjective identification the shadow of the object falls on the identifier, whereas in a projective identification the shadow of the identifier falls on the object.

Parents are much more often described as engaging in projective identification. The mother, for example, in projecting her childlike self on to the child and loving it, casts a shadow on the child and exerts some pressure for the child to introject the parental projective expectation, and thus modifies its ego. Analysts, however, are more often described as engaging in an introjection-projection sequence with the introjective phase coming first. In the empathic identification by the analyst, projection is described as playing a part, but what is projected is not the analyst and his personality, but what he has introjected from the patient (4, p. 215; 13).

The sequence of projection following rather than preceding introjection seems to be stressed in order to show that the analyst's own personality does not modify the patient's ego, nor obstruct his perception of the patient. Thus Fliess writes, 'We have been able to guarantee that no instinctual addition of our own disturb the picture of the reproduction of the striving onto the patient' (4, p. 219). Yet when Fliess in a later paper writes, 'When we identify ourselves with someone, we should be he, but clinical observation suggests ever so often that he is us' (5, p. 278), he indicates that quite often a personalized painting is offered the patient rather than a realistic photograph. It is Knight who explicitly mentions projection as the primary element in empathic identification when he says, 'Intuition when reduced to its component factors may be defined as the capacity for accurate, selective projection of one's own needs and feelings on to the other person' (11). The literature, then, does not substantiate a possible view that projective identification is

peculiarly a parental activity and not an analytic one. Certainly the totality of the analyst's unconscious response to the patient—i.e. his countertransference—consists of a projection on to the patient. Furthermore, instead of projection being restricted to the process of getting rid of an externalizing undesirable ego-alien component, it can include the externalizing of desirable ego-syntonic components.

That some form of projective identification on the part of parents may not be deleterious to the child is supported by some findings of mine reported in an earlier paper (9). In this study of so-called 'normal' children and their mothers, it was found that mothers frequently and consciously saw themselves in their daughters (a form of projective identification). The frequency of this recognition of resemblance to self was much higher in mothers of these non-disturbed than in mothers of clinically disturbed girls.

The other aspect of identification which I would like to discuss is that concerning the unconscious motive for identification, for introjecting the object and projecting one's self. If there is a division of abundant opinion in the literature as to how the analyst identifies, there is a decided scarcity of opinion as to *why* he identifies. We are not so unenlightened regarding the parents' motivation for identifying, for we have Freud's explicit statement that they wish to perpetuate themselves and the pleasures of living through their children.

It is true that there have been speculations as to what unconscious factors motivate the analyst's entire activity. Most traditionally, the gratification of the analyst's scopophilic tendencies is said to motivate him to observe the patient. Fliess has speculated upon the masochistic gratification of the analyst who has to deprive himself of instinctual gratification. Racker suggests that the motive of the analyst is to repair the objects of his childhood aggression and to overcome and deny his guilt. He writes, 'What motive (in terms of the unconscious) would the analyst have for wanting to cure if it were not he that made the patient ill' (12, p. 324).

But regarding the motive *per se* for identifying and empathizing, there is none offered except the rather conscious one of desiring to obtain an accurate perception of what is going on in the patient. This lack of mention of unconscious motive is due, I believe, to the psycho-analytic emphasis on the cognitive uses of empathic understanding rather than on the mutual gratification that analyst and patient receive from the

empathic atmosphere. Racker describes quite explicitly the mutual and reciprocal gratification proceeding from empathy even though he does not formally designate them as a motive. He says that the analyst's unconscious is influenced by the law of talion and he will give pleasure if he gets pleasure and will inflict pain if he is pained. My impression is that the analyst's unconscious motive in identifying is quite similar to that described by Freud in the parent and to that implicitly described by Racker, namely, the perpetuation of pleasure and the avoidance of painful cessation of pleasure. I shall try to substantiate this impression by re-examining some earlier psycho-analytic postulates.

Let us go back to the motive given by Freud for the introjective identification. The person guards against loss of the cathected, pleasure-giving object by introjecting the object into his own ego, thus becoming like the object and loving his new self. This motive is clearly to perpetuate the pleasure-giving object. However, after the introjective identification, the self-love is heightened because the modified ego with its new identification is more positively cathected. As Freud says, 'The libido which flows into the ego owing to (these) identifications . . . brings about its "secondary narcissism"' (7).

Now the question arises: 'How does this resulting, more highly cathected ego with its secondary narcissism and greater self-esteem defend itself against libidinal loss?' It might be answered that part of the increased ego cathexis is held in a sort of mobile reserve so that the defence against libidinal loss is to re-engage in a gratifying object relationship. However, this answer would not suffice for the large part of the increased ego cathexis which is more or less permanently organized within the ego.

I believe it is through the projective identification that the person guards against loss of his libidinally cathected ego—through his projecting his cathected self onto the object, identifying with it, and loving his old self in the object and ensuring it a certain immortality. The motive and mechanism are the same in Ferenczi's description of the way in which a small child deals with the loss of his own valued omnipotence. The child projects the omnipotence on to the parent with whom he then introjectively identifies. Knight also mentions the projection of our positive feelings about ourselves on to other people as a defence against depressive loss of self-esteem—we feel we are loved even though the love comes from the projected part of ourselves.

Does the analyst, like the parent, unconsciously project a part of his valued and cathected ego on to the patient in order to ensure its immortality? One would think that if this is the principal way of protecting the secondary narcissism against extinction, and if the analyst with his healthy self-esteem has at least an average component of secondary narcissism, he must in some way employ this defence mechanism.

I believe he does employ the mechanism in a subtle way. To be sure, he does not project his entire self, or even his idiosyncratic self so that he would wish the patient to be just like himself. Rather—and like the mature parent—he projects that part of himself which is of a universal, supra-individual nature, that part of himself which he had originally received from the culture in which he lived. From the general culture he has received ethical values, from his more special psycho-analytic culture he has received a craft and an orientation to life. He tends to transmit social and ethical values to the patient in his interpretation of what is and what is not acting-out. He tends to pass on the specific analytic heritage, the craft of self-analysis, at the completion of a successful analysis. Hoffer seems to suggest this bequeathing of a heritage when he writes: 'Treatment can be terminated when the analytic process can hopefully be entrusted to the apprentice himself' (10). If the analyst is not always the artist, who, as Bychowski says, protects his narcissism by projectively creating imperishable objects which will defy the laws of change and oblivion, he must then, in some subtle way, protect his ego investments by preserving imperishable objects created by others and bequeathed to him.

A question closely related to the foregoing is 'How interpersonal as opposed to intrapsychic are the gratifications of the empathizer?' Parents and analysts are sometimes supposed to be different in this respect. In return for the parent's empathy and love, the child is sooner or later expected to modify his ego by conforming or achieving, or by being happy, or by being affectionate to the parent, etc. According to Anna Freud, the potential withdrawal of love or empathic closeness is used by the parent in educating the child. Analysts, on the other hand, are sometimes spoken of as receiving a more autonomous gratification, as not requiring that the patient's ego be modified or that the patient reciprocate in some way. The implication in some of the literature is that the act of empathiz-

ing gratifies enough intrapsychic rather than interpersonal libidinal needs, or relieves enough guilt or secures enough intellectual enlightenment, or sufficiently bolsters the professional ego ideal of being an empathizer, for the patient not to need to give anything back to the empathizing analyst.

However, it is quite likely that some amount of interpersonal *quid pro quo*, barter and exchange transactions may go on in the analyst-patient setting. This is suggested by Racker's comments that pleasure-giving is answered by pleasure-giving, and pain-inflicting by pain-inflicting. And it is undoubtedly true that the analyst may expect such real interpersonal gratifications from the patient as emotional growth, structural change, serious application to the analytic work, affection, gratitude, admiring discipleship, happiness, etc., and he may evidence his interpersonal gratification by his enjoying his patients as well as enjoying his work. The point I wish to stress is that parent and analyst may be alike not so much in *what* they specifically want in return for empathizing but rather in that they *do* consciously or unconsciously expect *something* back for their empathic investments.

The question may arise whether these interpersonal give-and-take transactions are conducive to emotional growth. It is quite probable that, as in the case of any inevitable human phenomenon, they are an aid when in proper dosage and a hindrance when in improper dosage. A growth-hindering amount of interpersonal expectation would occur in a situation where it is not currently within the child's or patient's power to gratify the parent's or analyst's high expectations or demands. Such a situation frequently occurs with the parent's first child and the analyst's first patient. Parent and analyst have, as yet, not enough confidence that their methods will be successful, and they may demand repeated and frequent proofs from the child and patient that they are adequate in their roles. The more experienced, mature parent and analyst, I believe, do not give up their interpersonal expectations but rather gauge their expectations to what the child and patient are able to do at the time, and are able to gauge them because they are fairly confident that the long process of growing up will end successfully. Their expectations are also lessened because they derive many gratifications from other sources. But to abolish their expectations completely would be to run the risk of abolishing their basic motivation for empathizing.

Also, one would wonder how conducive to growth would be the absence of any interpersonal expectations. The child, for example, would then grow up without fully learning the reality principle. This principle as applied to inanimate objects reads, 'You will be burned if you satisfy your curiosity to touch the fire.' But as applied to animate human objects it may read, 'You cannot preserve an object-relationship unless you occasionally rise above your subjective needs and gratify the expectations and wishes of the object.'

As a final point in the comparison of mature parent and analyst, I would like to address myself briefly to the question of what sublimating features they have in common, of what prevents the crude subjective and narcissistic but obviously necessary precursors of empathic understanding from issuing forth in an unmodified way and damaging child and patient. I believe that Erikson's concepts are useful in this connexion. He postulates that at each stage of maturation a particular psychic motif is most dominant. In the healthy adult personality, one of these motifs is the desire for generativity. He defines generativity as 'primarily the interest in establishing and guiding the next generation' (3). It issues out of genitality and is the precursor of the final stage of adulthood, namely integrity.

It is, I believe, the desire for generativity, the psychological correlate of the race-preservative reproductive instinct, the nurturing tendency in the mature parent and analyst, which checks and helps to sublimate any crude impulse toward narcissistic exploitation of the child and patient. It is this tendency which, as described earlier, makes the mature adult capable of beneficial

object relationships. If he is to perpetuate the best in himself and in society, he will wish to give rise to an emotionally healthy, autonomous and affective offspring rather than to a crippled one. Humanitarian as this tendency is, it can lead to over-ambitiousness in parent and analyst unless it is held in some check by the concept of integrity—a concept which I take to include the emotional acceptance of the idea that one's personal integration rather than one's reaching an idealistic abstract perfection is the only feasible goal of growth.

To summarize the main facets of this paper. Based on the premise that the emotional growth occurring in the parent-child setting is similar to that occurring in the analyst-patient setting, the aim was to ascertain what factors are common to growth-facilitating parent and analyst. Empirical evidence gathered from a study of so-called normal children and their mothers, and certain theoretical considerations, led to the following tentative conclusions regarding common factors: (i) In general terms the emotional maturity of parent and analyst; (ii) in more specific terms, the capacity for empathic identification and its unconscious precursors; (iii) these precursors—introjection and projection—when refined and sublimated not only gratify and perpetuate the libidinal cathexes of the parent and analyst, but also facilitate the emotional growth of patient and child. The obvious qualitative and quantitative differences between analyst and parent and between patient and child have not been discussed. The deliberate focus of the paper is intended to stimulate inquiry about the possibility of a unitary theory of emotional growth.

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REGRESSION AND INTEGRATION IN THE ANALYTIC SETTING

A Clinical Essay on the Transference and Counter-Transference Aspects of these Phenomena¹

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INTRODUCTION

In the post-war years researches in ego-psychology, and a greater understanding of the child-care techniques and the importance of the environment in the primitive stages of ego-development (Winnicott (19a, 22, 24)) have led to a more sensitive and careful assessment of the role of the analyst and the analytic setting towards the establishment and evolution of the clinical process, which in classical terms is called 'the transference neurosis'. The writings of Winnicott (20, 21, 22), Balint (1, 2), Waelder (18), Rycroft (15), and Little (13), to mention only a few, amply bear this out. Discussing the importance of the part played by the frame in the painting of pictures, Milner (14) states: 'The frame marks off the different kind of reality that is within it from that which is outside it; but a temporal special frame also marks off the special kind of reality of a psycho-analytic session. And in psycho-analysis it is the existence of this frame that makes possible the full development of that creative illusion that analysts call the transference.' What Milner calls 'the frame' in the above quotation I here discuss as the analytic setting.

I wish to make two further notes to clarify my use of the concepts transference and counter-transference in this essay.

Transference as the 'therapeutic alliance' (25) I shall take for granted. It was a very impressive trait of Mrs X's personality and behaviour that through the various vicissitudes of mood and emotion in her treatment the 'therapeutic alliance' was never once really threatened. In speaking of transference, therefore, I shall be referring mostly to its dynamic and genetic aspects, which one usually associates with the concept of 'transference neurosis'.

By counter-transference I do not mean here the conflictual unconscious transference in the analyst. I am not pretending that such experiences during this treatment were absent from my relationship to the patient. But I do not think that one gains anything from confessing them to an impersonal audience any more than one would were one to confess them to the patient. By counter-transference, therefore, I mean the conscious and total sensitivity of the analyst towards the patient; it is more than a merely intellectual rapport and comprehension. I mean by it what Balint has called 'the analyst's behaviour in the psycho-analytic situation or, as I prefer to phrase it, the analyst's contribution to the creating and maintaining of the psycho-analytic situation.' It is this aspect which I shall emphasize. I shall try to detail what demands the patient's transference-needs made on this counter-transference in the analytic setting. Hoffer (11) calls this counter-transference the analyst's 'humanity', and he defines it as follows: 'the analyst's transference refers to his human appreciation and responses, to the patient's realistic needs in the various stages of the psycho-analytic treatment.' Heimann (9, 10) in her two papers on Transference and Counter-Transference has discussed at length the dynamics of the patient using the analyst as his supplementary ego. I think what I shall be discussing as the patient's demand on the analyst in the regressive phase amounts to very much the same thing.

In a very recent paper Greenson (8) has tried to establish a clinical syndrome that has become the frequent picture of most analytic cases over the past decade or so. He says: 'In the early years of psycho-analysis, patients coming for treatment were suffering from symptom neuroses,

¹ Read to the British Psychoanalytical Society on 4 February, 1959.

a relatively clean-cut and well-defined group of pathological formations. The clinical picture changed as society changed and after World War I patients seeking therapy were found to be suffering from character disorders, an ill-defined, heterogeneous form of neurosis. Since resuming practice after World War II, it seems to me that once again there is a change in the prevailing clinical picture of patients coming for psycho-analytic treatment. They are still preponderantly character-disorders, but now the pathology seems to be centred round a defective formation of the self-image, an identity disorder. . . . These patients are essentially impulsive—depressives with a hysterical super-structure.'

The following case, that of Mrs X, seems to me to belong to this type of disorder. The major point of this essay is to show how in these cases the 'transference neurosis' takes the form of an anaclitic regression in the analytic setting and thus makes a very specific demand on the personality of the analyst in his counter-transference. The basic question the analyst has to ask himself is: 'What is the patient's need now, and from whom?' Exploration of this can lead to a fruitful discovery of the patient's subtle attempts to meet the basic needs in such a way that a reactive and defensive character-formation has been established in the personality. This sort of character-formation has the sole function of care-taking of the self, and hence distorts both ego-development and ego-enrichment and militates against genuine instinctual experience as well as object-relationships. Severe and sadistic internal object-relationships are then more operative than a healthy superego formation. Hence in spite of their complex experiences and achievements these patients suffer essentially from a sense of futility, boredom, and purposelessness (20, 23, 7, 8, 4).

As the result of three years of analytic work, Mrs X made a very good recovery from an illness which was characterized by chronic and severe depression and marked ego-dissociations. I am using the concept of dissociation here in terms of ego-weakness and ego-strength as discussed by Glover (7). It is not my intention to discuss the psychopathology of this case. My emphasis will be on the development and vicissitudes of the clinical process in the analytic setting, the interplay of the transference and counter-transference, as the regressive and integrative processes crystallized in the analytic setting.

CLINICAL REPORT

First Phase

What I am delineating here as the first phase lasted just over a year.

Mrs X was referred to me shortly after her breakdown. The circumstances of this were that following her husband's recovery from a psychiatric hospitalization he had taken a job in another town and the family were ready to leave to go there. On the day of their planned departure the patient had wandered away from home in a state of panic and confusion. She was found wandering in this state and taken to the home of a friend. She could not face returning to her family, which consisted of her husband and her only son. The friends were very disturbed by her agitated state and called in a doctor, who put her on sedatives. When she had gathered herself together a little she got in touch with the psychiatrist whom she had consulted two years earlier about her son, and he referred her to me.

The breakdown, as the patient called it, had happened a week before. Meantime her husband and son had left for the new town, her husband having left her enough money to meet the expenses of the treatment. It had been agreed between them that after two years' treatment she would join the family. One is tempted to add the cynical comment: 'and live happily ever after'!

The comment is not as cynical as it sounds. It is very relevant to this patient's way of handling things at this stage. The material of the first interview, a series of contradictions and dissociations in her behaviour, and her general attitude had made a very distinct, though not easily definable, impression on me. Mrs X was a woman in her early forties. She had had a very unhappy childhood, a disturbed adolescence, and many traumatic social experiences since, both political and familial. Her marriage had been extremely violent in its emotionalism and conflicts. All her experiences had, according to her account, always ended in failure, humiliation, and futility. Though she could always muster strength to meet a crisis, her normal personal existence was one of subsisting in a mood of apathy and depression. She had little sense of personal initiative or direction and yet she had managed to survive some very critical situations. I was struck by her curious sense of self-preservation. She had given a sober account without trying to make it look 'good' or interesting.

In spite of the complete breakdown of her

reality she was strangely optimistic. Her breakdown had not come as a surprise to her, even though its suddenness had bewildered her. Things seemed to happen to her with a certain inevitability, and her only contribution seemed to her to have been that somehow she always survived it all. Just as her breakdown had presented her with a very distressing situation and with a singular determination she had decided to have treatment, because that had been suggested to her as the only way out.

It is difficult to define this strong impression of dissociation that I experienced in Mrs X in the first interview. It was also clear that she was presenting me with a patient, handing over an ill part of herself. She was a pleasant-looking woman, somewhat obese in build. Her clothes, though extremely neat and tidy, were worn with a distinctive dowdiness. There was unmistakable liveliness in her face, though her general body behaviour was very depressed. In her narrative, helplessness, depression, and futility were mixed and alternated with a sort of phallic alertness, defiance, and a shrewd sense of self-preservation. I was struck by the fact that her latent mood of optimism, in spite of her very chaotic and insecure social situation and acutely disturbed affective condition, had committed me to a complementary optimism, and I had agreed to treat her. I could not help noticing that I had responded to this element of 'appeal' in her whole way of being; and yet when I tried to define this 'way of being' to myself it amounted to little more than a series of vivid stills held together by a mood of apathy and depression in the patient.

Mrs X started the treatment the day following her first interview with me. From the beginning I was impressed by her resoluteness about having an analysis. The treatment meant everything to her and on it she had pinned all her hopes. It is important to emphasize the fact of her hope from the *treatment*, because only very gradually was she going to discover and find a capacity to build a relationship to me where I was registered as real. This capacity of hers to endow the treatment with such power and be so dedicated to it saw her through all her vicissitudes of circumstance and disorders of moods in analysis. It never wavered; always she had a good strong rapport with me, as the vehicle of the treatment. The same was true of the analytic setting. Both my setting and I were vehicles of the treatment; and of course all this is clearer to me now, in retrospect, than it was at the time. To get back

to the clinical process, Mrs X was always a co-operative and eager patient. She had a considerable facility for expressing herself in words, though it surprised her a great deal that she had never used it before in her relation to people, and even now she could never talk to anyone significantly and with full feeling.

The first seven months of the treatment progressed very smoothly and fruitfully. The analytic material was abundant, and the patient began to relax into what she felt to be the beginnings of a personal life through all the relief and understanding she experienced from getting her past into narrative focus. I am deliberately using the phrase 'narrative focus' here to establish the cathartic effect of recollection and re-counting of memories and experiences.

The patient's life-history as we gathered it together in this period was roughly as follows. She was the only child of fairly affluent parents and came from the European continent. Of her father, a teacher, she saw very little during the first years of her life, because of his absence on war service. He was a hard-working man, very popular in the community and very unpopular with his wife. He was a soft-spoken, kind, rather schizoid person who developed great fondness towards his daughter.

The mother, a woman of vigorous hysterical character, was excessively emotional, aggressive, ambitious, and felt very wronged by her husband. Everything, the mother felt, had gone against her. She had wanted a son and instead had given birth to this daughter, who as a child was plain, fat and clumsy. To top it all the child had started to squint at the age of 5, and this had completed the mother's misery. She tried everything, from doctors to bribes, to make something presentable of this child. But the more she bullied and coerced her daughter the more had the daughter obliged her with disappointment. A very sado-masochistic relationship with the mother established itself, further reinforced by, and repeated with, a series of governesses who were equally sadistic and severe; and the patient had given them all every opportunity for exercising their talents in this direction. Her major and unfailing way of defeating them was to be always sunken in an apathetic lethargic depressive mood. She was no good at games; she had hardly any memories of playing with other children or of having any friends. She had a very apathetic latency, characterized by loneliness, misery, endless humiliations, and racial segregation.

From this period she had also another set of memories, and in contrast to those of her mother and governesses these were highly idealized and precious ones, of two women who had been very kind to her. The first was her peasant nurse, who had looked after her from the start till she was three. She was a very cosy, plump, huge lap of a human being. She had indulged and spoilt the patient, and during this phase of the treatment she was the one ideal good rescuing object. The other was a music teacher who taught her for a short time when she was 8. The patient had lived in a mute and ecstatic relation with her. Like the nurse, she had suddenly disappeared one day from the patient's life.

About her tenth year she built a good and fond relationship with her father, and this had started her on her development. She began to study and to take an active interest in her work for the first time. It was clear that what had created this very special bond between father and daughter was a shared sense of deprivation in relation to the mother; they were also in alliance against this bully of a woman.

The father died suddenly when the patient was 16. She had reacted to this loss not with grief but with dissociation. Suddenly, the mother and daughter both became maximally alert and effective. The mother, instead of experiencing her self-pitying bouts, now took over the tending of the family interests, while the daughter went to university and blossomed out into hyper-activity and over-enthusiastic exploration of the world around her. How the patient was to repeat this pattern again and again could hardly be exaggerated. The relationship between mother and daughter as such never improved.

In college she had at first passionate and vehement attachments to girls, which never became physically intimate. A little later, guided and sponsored by romantic erotic reading, both psychiatric and literary, she abandoned herself to a promiscuous exploration of heterosexuality. None of these relationships ever achieved stability or any deep emotional value. I would like to say in parenthesis here how similar, while working through this stage, the picture was to those described by Anna Freud in her paper 'Certain Types and Stages of Social Maladjustment' (5). The suppression of phallic masturbation and the flight from it to heterosexuality with a corresponding flooding of ego-activity with sexual content was extremely typical of her affairs. Later she was to repeat this sequence in

her marriage and very soon to act it out in what I shall be describing as the manic phase in her analysis.

One great advantage of this expansion in the adolescent period had been that it had put the patient in touch with her ego-capacities. It was, however, to have a traumatic and sudden end. She had just qualified at the university as a teacher when her country was invaded. She managed to escape, but never saw her family again, as all of them perished in gas chambers. During this phase of treatment she had little feeling and very little conscious guilt about this loss. Her typical reaction was one of humiliation at the total collapse and failure and acute rage at it.

The patient escaped to England where for six years she had to do very menial jobs in order to survive. But this made little impact on her for her inner rhythm had already changed. The exuberance of her adolescence was over, and she had sunk back into the apathetic depressive dullness of mood that had characterized her childhood and latency. From one aspect this enabled her to survive what otherwise she might have experienced as too overwhelming and painful. To use her own phrase, she had lived in this *blanket* ever since, for nearly fifteen years. If actions were demanded of or insisted upon from her she always woke up to provide them. She made a very useful, passive, menial worker. She had also turned completely against instinctual needs with little sense of their reality or existence. She had no friends and made none. To her this phase of her life seemed a curiously benign, parasitic existence; she felt humiliated and crushed but safe.

After the war she had to return to her native land. Just before this she had met a young Englishman who had become very fond of her. When she returned to her country she was amazed at the changes, yet with her typical shrewdness she realized that things were no better and she would perish if she stayed there. When the young man suddenly asked her to marry him she readily agreed, because then she could live in England. I would like to stress here that this motivation was clearly derived from self-preservation rather than from calculated mercenary schemes. The marriage started traumatically with the discovery that her husband was a drunkard. This frightened her so much that for the first time she thought of suicide, but instead sank into the apathy in which she stayed until her breakdown.

The patient had been married for eight years when she started treatment. Soon after her marriage she became pregnant, and the ensuing months were distressing and full of ugliness and rows. The stress led to a very difficult labour which, owing to the husband's panic and the doctor's precipitate interference, constituted one of her worst experiences. The condition of the husband deteriorated rapidly. At the same time, the patient's relationship to her son was extremely ambivalent and she felt acutely helpless and humiliated. Here a very significant reversal of roles took place. Her husband was also a school-teacher, who was in charge of a school. His drunkenness made it impossible for him to do his work, so the wife took over his job to keep the family going and he became a mother to the child. This was a completely typical experience for her: on the one hand it put her into a superior relation to her husband and she did the job well, and on the other hand it symbolized for her the utter nullity and uselessness of her existence as a person. She had intensely wanted a son, and once she had had her wish she had miserably failed. All this led to an intensive and fruitful amount of work in her analysis.

Eventually the husband had a psychotic breakdown and had to be hospitalized. At first this reduced her to panic but she coped with the situation by taking on a new job as a teacher, which she just managed to do. Her attempt to have her son with her completely failed again. She was so horrid to him and helpless, so desperately eager to make a success and continuously failing, that eventually she sent him to a residential nursery on the advice of her friends.

It was when the husband came out of his breakdown and they could set up as a family again that the patient had broken down herself.

I have given a very bare and insufficient account of these first seven months. The patient found a good residential job as a teacher in the first week of her analysis, which allowed her to come for treatment daily. I cannot help saying how *wisely* she chose her job and setting, as if she *knew* what was coming and what she would need. This sort of wisdom is also very typical of her. I shall describe this setting later on, because it played a very important role in the maintenance of her treatment.

During these seven months the analysis ran a very smooth and classical course. She was enabled to see readily the nature and use of her defence mechanisms, her multiple identifications with her parents, the acute ambivalence and

rage, the denial of aggression and her mood of rage behind her apathy. There was much material about impulsive violence and aggression against pet animals, and the confusion between her son and these animals was very marked. The interpretation of her aggression and the easing of the total repression of her instinctual needs enabled her to start 'to move around a bit' as she put it, and a few interests began to re-emerge. Nevertheless, there remained many difficulties. She still lived an extremely phobic, restricted, and apathetic personal life. She just managed to perform the bare minimum of work, and fortunately the setting of her school was very lenient on this score.

All through this phase she was obsessed with her sense of loss of her son. She felt as if she had lost a limb, and the memories of her failures were acute, compulsive, and very painful. Her husband kept her regularly in touch with the son's activities and development, by letter. It was quite clear to me that in spite of the forward steady flow of the treatment it was precariously balanced. Furthermore it was dependent on the triple dissociation in her total environment, and so long as the environment functioned well it could be taken for granted; but it could break down easily at any one point. The three dissociated components of this total environment were: (a) her husband and the son; (b) the analytic setting, i.e. the patient and me; (c) the school setting.

How utterly dependent the patient was on the continuation of this benign dissociation for the maintenance of the progress of treatment was very soon to become clear. In fact in retrospect it was apparent how much her whole undertaking of the treatment was on a 'delusional' basis of hope. It was when the 'delusional' hopefulness had to yield to a reliably integrated available setting that the real strain and stress of treatment emerged.

The first disturbance came from what in the course of time was to be a patent source of trouble—the husband. Her husband's mother died. He reacted at first with panic and then with typical indifference. A month later he suddenly called one day on his wife and they spent what by her account sounded a fairly pleasant time together. Soon after, she developed a cold and was ill for two days. When she returned I noticed a marked change in her. She began to withdraw from her colleagues and became very contemptuous towards them in herself, though she never betrayed it to them. A

more general withdrawal from her environment ensued. My attempts to relate this withdrawal to her own memories and conflicts and guilt about her mother's death made little difference to her growing mood. In her analytic material she became much more concentrated on her dreams and day-dreams. The feel of this change was very noticeable to me, particularly as she became a little evasive in her relationship with me. Her reaction to interpretations altered too. She now felt uneasy and hedged away from transference interpretations, though she was all too eager to listen to any interpretations that led to an elucidation of the content of her current dream or phantasy. This phobic reaction within the analytic setting in relation to me was the first portent of things to come. She had been in treatment for nearly nine months, and in retrospect I can see this as the significant point of change. Attempts to relate it to her feelings of uncertainty and insecurity about her husband also yielded little result.

As the clinical material assumed a frenzied intensity of its own, she developed a very greedy addiction to what she called 'her analysis'. To my interpretations about how she was trying to swallow me up and fuse me with herself she reacted with panic and/or ridicule. She also began to show a certain elation which had quite an uncanny flair about it. All the experiences we had worked through so far she now reassessed in a different way. She had, she felt, exaggerated their value and importance to her. She felt herself superior to them all, and also as if they had not happened to her. She now set to creating quite a new and ahistorical reality of her own, in which 'her analysis' was to be the kingpin. What was most disturbing to watch was the gathering snowball of elation and euphoria in her. All attempts on my part to interpret this state were violently resisted. She had come for analysis, and my job was to help her to understand the content of her free associations.

It was also significant that for the first time since starting treatment she was not distressed with memories of her son and of his loss. Now a very exaggerated and intensive exploitation of her ego-functions started too; this was very much in the pattern of her adolescence. The new expansion, if it led away from object-relationships, led her into a very intensive preoccupation with her auto-erotic activities. She was her own best lover, and felt she always had been. The devaluation of men was striking and very revealing in terms of the transference.

The manic intensity of her state was relentless. She developed an acute state of insomnia, but could not care less about it. The thrill of doing things for herself, and by herself, she felt, was enough recompense. In the transference relationship she idealized me and endowed me with equal omnipotence. She had unlimited hopes of her treatment. On the other hand, because of this idealization her relation to me had completely thinned out. She had taken over her treatment and I was merely a watcher of a mighty theme. All attempts at transference interpretation were now disregarded as mere jargon and habit on my part. She dreamed profusely and I got the impression that she never slept but merely changed her mode of wakefulness. There was little difference between the content of her dreams and fantasies, or for that matter in their formal qualities. She lived by her analysis: and *analysis* for her was just another function and aspect of her enlarged and expanded ego.

The frightened, shy, harassed person of the past fifteen years now yielded to an omnipotent and over-confident being. In her revision of her past only she had helped herself: at best others had been neutrally useless. She read a lot and wandered around all over the town. She could not believe how all these years she could have lived as an abject heap of misery and inertness. Reading Marion Milner's book *On Not Being Able to Paint* had straightaway started her on painting. The first picture that she brought me was very revealing as to the current state of affairs. It was of my consultation room, in bright colours. There was a chair and a couch; no patient, no analyst. I felt it to be an encouraging sign that at least there was a chair and a couch. Some things still retained their reality.

This manic state was very easy to register in her, though it is hard to describe. The whole situation was affected by it. In transference the displacement of cathexes now took place to her mental experiences, and both she and I were there only to sponsor the fullest possible expressions of this mental activity. It would be inaccurate to define the energetic charge of this state as consisting purely of id-cathexes, i.e. instinctual energy. It had an unmistakable synthetic and manufactured feeling about it, as if both aggressive and libidinal drives as well as guilt and anxiety had been transmuted into this tension, and her one aim was to keep it at a high pitch and not let it relax.

From an outside view one could see the

pathology of this state all too clearly. She was in fact trapped in a vacuum of terror and loneliness. How to make it realizable to her was the clinical problem. She had become completely inaccessible to transference interpretations. To rest and sleep she had to drug herself. I was afraid she would literally explode with it. The main features of this manic state in brief were:

(i) The manic mental state achieved the value of an object for Mrs X. Her whole relation was to it. This organized state was equidistant from her own body, her social environment, even from her inner psychic experiences, and her relation to me. It was a sort of satellite state.

(ii) Though it depleted her relation to me it had not destroyed the therapeutic alliance. Quite the contrary; it further exaggerated her wild hopes from her analysis.

(iii) It had a unity of its own. Through it the patient transcended her conflicts and anxieties.

(iv) It shut out her ego on the one hand and ruthlessly exploited it on the other. The result was a flood of pseudo-sublimatory activities, that were short-lived.

(v) It was an orgiastic and not an orgasmic state. No real satisfaction or relief was possible in it.

(vi) It obviated her dependence on her environment and on me. It was the opposite of regression in analysis.

(vii) What Winnicott has said about the manic defence (21) is very applicable here: 'In the individual's management of this depressed mood that is associated specifically with depressive position anxieties, there is the notorious holiday from depression; the manic defence. In the manic defence everything serious is negated. Death becomes exaggerated liveliness, silence becomes noise, there is neither grief nor concern, neither constructive work nor restful pleasure. This is a reaction formation relative to depression. Its presence clinically does imply that the depressive position has been reached, and that the depression is being held in abeyance and negated rather than lost.'

(viii) One positive aspect of this manic state was that it enabled the patient to re-experience her mental functions and ego-capacities again. The negation of reality, inner and outer, in the manic state had this advantage over the putrefying negation of her apathetic moods, that it allowed for an exercise of her ego functions. I restrained myself from exploiting the content-availability of the material for interpretative purposes because I felt that would lead to a

collusion with her dissociated state. My emphasis throughout was on the defensive nature and function of the manic state.

Eventually, and as it were inevitably, the patient drove herself into a dead end. We had reached the first long break in her treatment. Sponsored by her husband, she decided to go abroad and enjoy herself extravagantly. I had grave misgivings but did not interfere with her plans. Three days prior to the last session before the holidays she went into a shop to buy maps and found she had impulsively stolen two books. She came to the session soon after the event, very scared, just as she had been the first day I had seen her. She was also giggly and talked a good deal. She told me eventually what she had done and went silent. After a while I responded: 'Should you wish me to return them I'll do so.' She got up and meekly handed me the books.

I decided not to make an issue of it then. It was an important point, I felt, and had to be handled with tact. The next day she reported that she had had a dream the previous night which she had forgotten; but her first waking thought after the dream was: 'If I had been caught stealing I would have had to commit suicide. I couldn't have survived that humiliation.' She was very grateful that I had not bullied and humiliated her with interpretations, but had helped her to resolve the fix she had got into. My only comment was that she had needed to compel me to act. She had to experience my being a real and separate person, and the only way she could achieve this in her present mood was by making me act in a real situation. Now she told me what had happened when she had broken down a year before she came to treatment. The son had been very difficult all the morning and she had been very cruel and horrid to him. Then the father had taken the son out for a walk so that she could get house-packing done. She picked up a milk bottle, which dropped from her hands and was shattered to pieces. She stood there aghast and helpless, looking at it, without being able to do anything about it. Then suddenly she had felt: 'My time has come. I have fought on too long. I am going to surrender.' She had then wandered to a lake nearby. She did not jump in because she could find neither motivation nor energy for it. The affective recollection of this experience had shaken the patient so much that she found herself unable to face going into the street at the end of the session. I let her stay in the waiting-room and she left a little later.

Next day Mrs X was a very sober and chastened person. She was very doubtful about going on her planned holidays. I did not discourage her from taking the holiday, though I felt very unsure of her condition, and she left for her holiday the next day.

Second Phase

The second phase, starting from her return from the holiday, lasted roughly eighteen months. In it a gradual and controlled regression to what the patient described as 'a state of being nothing' and the emergence from it took place.

Mrs X had enjoyed her holiday in a quiet way. The depressively toned relaxation from the manic state which had started immediately after the stealing episode had continued. There had been no extravagance of mood or behaviour abroad, and yet the experience had been enriching for her in many small and significant ways. Soon after her return she went down with a severe cold and a touch of asthma. This breakdown into physical ill-health provided a significant emotional experience for her. It cut across the dissociation between her body and her mind. Until now her body had either been a graveyard to bury herself in or a source of sensations to be exploited erotically in defence against depressive affects and conflicts. She was ill for a week. She rang me daily to say 'Hello' and I responded with equal sincerity. I let her be physically ill and physically nursed and tended, without intruding any explanations. When she returned she felt she had come through a very critical time of crisis, though she could not articulate it psychically. She said: 'You certainly needed a rest from me, Mr Khan. So did I myself. The last year nearly killed me. I think many people die of these excited states and get written off as hysterics. They just wear themselves out.' She felt she could now really 'sink into' her treatment.

The change in her affective state of tension since the stealing episode had so impressed her that it was easy to get to it now in the transference situation. Working on this led to all the complex material of stealing and its specific form in her: steal-eating. She could never eat a proper meal. She was always nibbling and hence her obesity. The turning of the oral-sadistic impulse against herself in the rages of childhood and its relation to pulling out and eating her hair, her acute deprivations in childhood and her promiscuity in adolescence as a

form of stealing and its relation to her intimate bond with the father, were all worked through now in detail. Gradually she began to discover a new aspect of her childhood experiences. Father had in fact been useless; so had her nurse. They had been kind and ineffectual. Only her mother could handle crises in the family. Father was also a cowardly person who tended to deal with every situation by withdrawal, as when he had made a governess pregnant and was abjectly helpless about it.

Before examining the multiple identifications with her mother, nurse, and father, I should like to return to the stealing episode because it was an exhaustive working through of this material that led to the stabilization of her affective state into a quiet depressiveness.

The stealing had a threefold layering: (i) it was an act of maximal appeal for help; (ii) and of maximal effrontery and defiance; (iii) as well as of staking a claim to her rights.

She had defied and challenged with her impulsiveness at the same time as revealing its existence to herself and me and suffering her abject helplessness in relation to it. The appeal was for 'control', the defiance expressed the aggression in her typically destructive way, and the claim was for her son. The books represented the son to her.

I was enabled to carry out this stage of the treatment largely because of Dr Winnicott's insights about the meaning of this kind of stealing. His comments were so true of this patient's unconscious processes that I cannot do better than to quote here (24).

'It would appear that the time of the original deprivation is during the period when in the infant or small child the ego is in process of achieving fusion of the libidinal and aggressive (or motility) id roots. In the hopeful moment the child:

Perceives a new setting that has some elements of reliability.

Experiences a drive that could be called object seeking.

Recognizes the fact that ruthlessness is about to become a feature, and so

Stirs up the immediate environment in an effort to make it alert to danger, and organized to tolerate nuisance.

If the situation holds, the environment must be tested and retested in its capacity to stand the aggression, to prevent or repair the destruction, to tolerate the nuisance, to recognize the positive element in the anti-social tendency, to provide and preserve the object that is to be sought and found.'

From my material of this phase the only addition I should like to make to the above statement is that stealing can also have the defensive function of flight from regression (intra-psyche). It was the tension between this defensive flight element and the positive hopefulness that gave the real clue to the patient's plight in the manic state preceding the stealing episode.

From this point in her analysis, the past year's work could now be reassessed. The patient felt she had lived 'in a waking nightmare of over-excitedness. I wasn't in my body nor in my psyche, where was I?' The surrender had not been to the transference-relationship. In the analytic setting an over-cathexis of the repressed material had taken place and the regression was to pregenital phantasying. To her the only way out was to *contact* me through action. Just as in the manic state of this patient my job had been to retain boundaries around her and not become an accomplice by turning this excitedness into intellectual interpretative work, which would have been functional at a merely mental level, at the point of her act of stealing I had to meet it with a firm, human, sane response.

Following this work the acute distortions and inhibitions of her ego-capacities came into focus. She had made very little use of her education; for instance, she had read nothing during the last decade. She could see its prototype in her childhood, which had been so apathetic and negative. All she had ever done was live in an over-excited dream-state but without mobility of body or personality. In fact since childhood she had militantly destroyed her ego-effectiveness and her mental capacities. They had felt hostile to her real needs, though she never knew what her real needs were. The primitive introjections of a sadistic mother-image had played a very crucial role in her character-formation; and all later relationships to her son and husband had got enmeshed in this pattern.

In this stage of work a vast amount of memories of her nurse turned up. Reconstruction and recall were now complementary processes in her treatment. Nurse had been very kind and indulgent and in a curious way tried to compensate the child for her losses with her mother. But nurse herself was a fat and listless person. She had a huge lap, and the patient as a child had lived either nestled in this lap or in the shawl behind the nurse's back in which she used to carry the child. This mode of existence, which had been so extolled and idealized in the first year of her treatment, the patient now ex-

perienced as having been very destructive in its passivity towards all that was vital and aggressively emergent in the growing personality of the child. It was a 'petrified state of bliss', as she put it, and she could now see how in her caretaking of herself and her son she had repeated this pattern.

The real source of tragedy in her relation to her son had been that by being over-indulgent and over-severe she acted out in rapid oscillations these identifications with her nurse and her mother. She could never spontaneously meet his aliveness. She would start to play with him, then suddenly collapse in a tired state and withdraw. As her son used to tell anyone who asked where his mother was, 'resting under a blanket'. There was an abundance of extremely complex and interesting material relating to nurse's shawl, her blanket, and the rug in the analytic room. This shawl-blanket had become an annihilator of all initiative and activity on the one hand and a magically protective situation on the other.

This led gradually to a more objective recall and reassessment of her relationship to her husband. This proved to be a repetition of her relationship to her mother, but in reverse. The extreme identification with her mother shocked the patient. It was a hostile identification or, to express it in Anna Freud's more accurate term, it was an identification with the aggressor. She had been terrified of her husband and his violent alcoholic states and then had turned into a vicious nagging person. That she had internalized her mother as a bad and persecuting figure was clear; and no assimilation of this figure was possible. The best she could do with this internal object tension was to turn it against someone else in her environment. This had paid its premium in the critical times of war and escape from her country, because in this state she was a very awake, alert, shrewd, phallic, and determined person. But there was no rest possible from it by personal volition. She could neutralize this identificatory process only by invoking the magical technique of collapse under the blanket. This playing of internal objects against each other to achieve a personality balance is what had so impoverished her existence.

Her identifications with her father were more positive and belonged to a later stage. She had his brain, she felt, and his sensitiveness. All the positive achievements in her life derived from these, but she had to hide them even from herself. It was a 'stolen' capacity, and could operate

only in a setting of the utmost sympathy and encouragement. It had to be allowed to *exist* by external objects. She could not protect it in herself from the persecuting mother-*imago* or the deadening nurse-identification, and so it was restricted to episodes of impulsiveness and acting out.

I have briefly sketched the work as it shaped itself in the first six months of the second phase. Corresponding to this work on her ego-functions the affective process also began to stabilize. There were no longer manic bouts. Instead a despairing sadness set in. The keynote to her emotional state was now intense grief, and of course mixed with it were rages with her husband and me. She had been a very deprived child and she had an acutely deprived current reality. There was at times a hysterical note in this intensity, but at root it was genuine. Subjectively, she experienced it as a sense of unyielding inconsolability. She also began to realize how 'deluded' (her own word) she had been in her ambitions about her analysis. The plan of two years of treatment and a happy return home to a loving husband and her son, she felt, were sheer deceptions. Her last meeting with her husband (which had set off the manic attack) had revealed these deceptions to her. There was no stability in him and, like her original home setting, her marital setting had also collapsed. Now the origin of her panic could be seen. It was the intuitive grasp of how precarious in its equilibrium was her husband's mental state. She had felt utterly devastated because she so desperately needed him to be stable to look after her son until she could recover enough to take over.

All this sounds rather facile when described in this fashion. Mrs X suffered great anguish during the rediscovery of the true perspective on her past. Once the dissociations in her ego began to lessen, there was no longer the almost automatic use of excessive introjective and projective mechanism. The denial and negation gave way to perception of the realities of her past and all she had done to herself and against herself and her loved objects. She then experienced a harrowing affective quality of pain and guilt. Alongside this, however, some psychic integration also started. In her own words: 'I have lived all my life like a mental defective, Mr Khan. Now I am beginning to feel I have some sort of mental apparatus!'

She was determined to cash in on this patch of well-being and good health. She had now been in treatment for nearly 18 months, and wanted

to find out how she could *be* a person who could do her job well and not exploit this vicarious state of depressive parasitic self-caretaking. She decided to work for a degree; and naturally she set to it with her phallic resoluteness. I had my doubts because the affective process was visibly leading elsewhere. But I let her get along with her plans. The past six months of her treatment had been very traumatic and humiliating for her, as the realization of her life-pattern had had that value for her.

She found it hard going to work from personal choice and initiative, but with a ramshackle doggedness she stuck to it. Fortunately the degree she was working for was a familiar field to me, and I offered guidance on reading whenever she needed help. She sat for her examination and passed it, which made her very jubilant. All along I had known and pointed out to her that if she had set her heart on achieving success in the examination in order to establish something for herself, it was also to prove something to her husband and to offer something good and reliable in herself to her son.

The patient wrote to her husband, who reacted with silence, and she immediately knew he had become hostile to her. He could not stand her growing into health. It was a basic pattern of their relationship that only one of them could be awake and alive at a time. She waited for two weeks, hoping and hoping, and then utterly collapsed into sheer hopelessness. It was no longer apathy or depression; it was just being nothing. She utterly let go of her attempts at self-maintenance. This marked the climax of the second phase, and what in this report I am calling regression. It lasted for nearly three months. Though the working towards this regressive experience had been gradual and controlled, its ultimate emergence was sudden and absolute.

It happened two weeks after her examination result. She arrived for a Monday session with that bleak crushed terrified look on her face which had made such a vivid impression on me in the first interview. She lay down and quietly said: 'Yesterday I was by that old lake again.' I knew she meant she had been very suicidal. Then she started to cry, quietly, gently, and with the whole of her body. I could feel its reality and pain *in myself*. There was nothing of her strength left, she felt; and this also I could feel. It is hard to define this in words, as in my counter-transference experience I registered it

with the whole of my mental and body sensibility. In this phase I had to learn more and more to rely on and use my *body* as a vehicle of perception in the analytic setting. By my body I mean the body-ego. The experience in counter-transference was a mental plus a sensation-body-perception experience.

She cried through the whole session and at the end she was so physically weak that she felt she could not leave. As she sat up she was blanched and exhausted. Quietly she said: 'I have lost my son for good, Mr Khan, and it hurts me physically. I have had it. I did my best.'

I paused, and then told her that I knew how much pain and frustration she was experiencing, but that it was exactly for this that she had sought treatment. Now she was really ill and helpless. I bluntly asked her how much she could manage for herself. 'Ten per cent' was her answer. I told her that I would try to help her find the rest of the ninety per cent, but she would have to be very patient with me. The patient at this point, in my judgement, had regressed to a true anaclitic dependence in the analytic setting and in her transference relation to me. I knew it and she knew it. And both of us knew that her mental clutching to her son had to break down if she was to come through and discover her own reality. Where excessive projective-identifications operate they not only create the primitive dissociations in ego-structure but they also set up a vicious circle, for by means of splitting mechanisms they keep up a rigid defence against ego-integration and psychic emotional growth.

Before giving an account of the work in the regressive period I should like to interpolate a discussion. First it may sound absurd to claim that the patient arrived at a maximum degree of regression at a time when I was talking in quite sophisticated terms to her. I think this contradiction is a practical clinical reality. Only when the regression is to primary process is communication impossible. When it is to more primitive levels of ego-development and ego-needs it is possible to maintain the therapeutic alliance at varying levels of sophistication. Second, it might be argued that I had deliberately held up this patient's regressive process over nearly two years. I think that would be a fair criticism of my work with her. To some extent it was deliberate on my part. It is my belief that a regression in a patient is both impracticable and impossible clinically if his personality is too heavily riddled with primitive and chaotic

mechanisms of defence, such as splitting, massive introjections and projections, excessive denial and negation. There has to be a minimal ego-strength and ego-process available for regression to be a creative and fruitful experience in the analytic situation. Here I would cite in support the clinical researches and work done by Winnicott, Hoffer, Kris (12), and Milner. To me it was significant that before the regression this patient had made a sort of start, symbolized or symptomized by her working for and getting her degree. Perhaps if the regression had been too sudden, the patient apart, I might have reacted with anxiety and defensive interpretative zeal. Over this long period of two years I had got to know her and she had built up a *real* experience of me. I do not think these are accidental or irrelevant factors. The regression proper, which lasted nearly three months, I shall schematically present under four aspects:

- (i) Total sense of loss in the patient.
- (ii) Dependence on the analyst.
- (iii) Reactions to impingements.
- (iv) Experience of pain.

(i) *Total Sense of Loss in the Patient*

The outstanding feature of the regression was a total and abysmal sense of loss and letting herself experience this loss in all its aspects:

- (a) genetically, as deprivation in relation to her mother;
- (b) as what she had failed to provide for herself through her personality and consequently for her son;
- (c) the utter futility of her marriage and her contribution to it.

In the working through of this phase she experienced sheer nothingness, without hope or daydreams, and very little defence. She could only cry, incessantly and for long hours. There was very little hysteria in this crying. She could do little work, and fortunately her school, where she was a residential teacher, provided a setting that allowed for her near-total incapacity for work. One aspect of this loss was things not given: love not given. Disappointments and rage at frustrations had been met earlier in this phase. This was living through the disillusionment against which all rages had a defensive hiding value. The disillusionment was experienced, both psychically and physically. In concrete current reality it had meant accepting loss of her son and her responsibility towards it.

Sleep was a terror of emotional reality. She lived in her body and felt everything in it and through it. She now lost all her obesity.

(ii) *Dependence on the Analyst*

Dependence on me was near-absolute. I helped her with most of her reality-affairs whenever she asked for help. For example, her husband had suddenly started writing a spate of 'interpretative' letters to her, and these disturbed her very much. We agreed that she should hand them to me and if there was anything that needed her practical attention I would tell her. In this way I protected her from all the impingements and intrusions from her environment that only alerted her into a false and angry wakefulness of attention.

I have said that the dependence on me was near-absolute, because her school setting helped with the rest. Without this setting the analysis would have been lost. The school was one for retarded children: her work was of a very routine nature, and her colleagues and the whole milieu were familiar intuitively with the problems of caring for disturbed people. They all did it for each other. She made a very good relationship with one of her female colleagues, who literally tended her through her more acute patches of depressive nullity. A great problem at this stage was her inability to feed herself, and this friend cooked for her and almost fed her.

My role in the analytic situation was basically and dynamically this: to be *there*, alive, alert, embodied, and vital, but not to impinge with any personal need to translate her affective experiences into their mental correlates. I tried many experiments with modes of being still with her. If I was not all there in my *body-attention* she would register it straight away. I could never quite find out how she registered it, but I could always sense it had happened by the change in the affective rhythm or a new slant of material emerging next day.

There were oscillations in the intensity of regression. Some sessions she would only lie still, and just need me to be there. In others she would feel 'quite normal', and then it would be possible to do interpretative work on what was happening in her. The importance of this 'verbalization' of what she experienced in her silent and regressed moods was of crucial value because only through this process of verbalization was a link gradually established between what was happening now and its genetic antecedents in her infancy and past.

(iii) *Reactions to Impingements*

The impingements derived from four sources:

- (a) Social: when someone in her environment did, or demanded, or said something which compelled her to pull herself together and meet the situation. Her inner reaction to this would be a flight into over-alert phallic potency, ending in exhaustion.
- (b) Family: when her husband would intrude on her by making her aware of some need of her son which she could not cope with. Her reaction was always rage and an acute sense of humiliation, ending in hopelessness and futility.
- (c) Intra-psychoic: when a dream, or a memory, or sexual needs would be too potent in active consciousness. She would then react frantically and manically, leading to excessive discharge reactions, ending in self-hate and disgust.
- (d) Analytic: when I would fail her, either by being tired and not being able to provide the right sort of body-rapport of attention in my attentiveness or some mistimed interpretation which was merely clever and only theoretically correct. She never experienced by unknowing or incapacity to grasp the meaning of a mood or a process as a failure. It is very hard when one has to articulate oneself through this alert and alive stillness not to feel discouraged and try one's hand at cutting the Gordian knot with interpretations. Reaction to my failure was invariably dispersal of the affective process. In her material she would drift away and start somewhere else ending in a mood of apathy.

It was the analysis of her reaction to these impingements that led to some of the most detailed understanding and working through of her character traits—those of obstinacy, defiance, denial, projective identifications, asocial impulsiveness, her apathetic moods and phallic manic modes of dealing with instinct-tension on the one hand, and achieving object-relation on the other hand. In their own way impingements made a valuable contribution towards an understanding of her character-formation, even though they were painfully disruptive to her in her regressive mood. Perhaps it is valid to postulate that what one meets as resistances in relation to transference-neurosis, in the regression experience is seen as reactions to impingements.

iv) *Experience of Pain*

This is the most difficult clinical aspect of regression to formulate. She always talked of acute pain in herself. It was at times merely a physical pain, at others related to psychic content. Only gradually did I learn to sense its reality in and for the patient. It was frightening even for me to realize how much pain she experienced, and I often asked myself what made her bear it! We read of this pain in literature often enough. Rickman used to emphasize the importance of the experience of agony in patients. I think what he called agony and I pain are very similar. In analytic literature the nearest I have come to it is under the heading masochism. Freud (6) in his paper 'The Economic Problem of Masochism' distinguishes between three types of masochism, erotogenic, feminine, and moral. Of feminine masochism he says: 'The feminine type of masochism is based entirely on the primary erotogenic type, on the "lust for pain", which cannot be explained without going very far back.' If my reading of the paper is correct he relates it to death instinct and the whole problem of 'defusion of instincts'.

At times the clinical picture of Mrs X in this aspect looked very much like what Freud apparently had in mind. The defusion of instincts is an undeniable feature of the clinical picture. What precipitated the defusion in the first instance is not so easy to determine. Was it the relative strength of the instincts, or was it more on the lines suggested by Winnicott, namely that there were excessive failures in environmental care at the stage when the nascent ego was beginning to integrate? According to the latter view there would result at this time a process of psychic discrimination between mother as 'need-object' (Anna Freud's phrase) and as emotional and psychic object which in turn would lead to a disturbance in the fusion of instincts on the one hand and to dissociations in the ego at the root, as it were, on the other. Balint has a similar viewpoint in what he recently described as 'the basic fault' in ego-development (3a).

When this patient was in this pain in the session she would be totally inert and still, and I could meet it, respond to it, by what I can verbalize only as embodied sympathy, through my body-attention. In such states I felt this patient needed and borrowed my flesh and bone to hang on to. Being 'a supplementary ego', to use Heimann's phrase (9, 10), meant providing a body-ego for her. There was no actual physical contact between the patient and me at any point

of her treatment. It was *a way of being* she asked for; at least that is how she described it in retrospect. If my body-attention sagged she would *wake up* into an artificial mental state or depress herself into apathy.

The recovery from the regressive process materialized as follows in so far as it can be pinned on one event. It is interesting to note how this patient tended to launch and terminate phases of complex experiences by very definite and memorable episodes. Perhaps here is a clue to how screen-memories crystallize. She caught a cold and we both knew she was at the lowest point in her mood of nothingness. She came on Friday and was silent in an ominously severe way. She was to come again the next day, but she rang to say she was unable to come because she did not feel well enough. I offered to call on her, but she politely refused.

On Monday she reported the following experience: she had taken sleeping pills on Saturday. Then she went to have a bath, and as she lay in it she could feel herself cutting her wrists and gently letting herself bleed to death. She could see a blade on the shelf. She got utterly lost in this phantasy and 'woke up' from it with a clear thought: 'Poor Mr Khan. This is my return for his work!' And she got out of the bath and she added: 'Here I am!' After this the recovery from regression was steady. She gradually got back to a growing possession of her ego-activities and ego-capacities. Within the next four months she took another examination that was necessary for her if she was to make the grade in her profession, and passed it.

In his paper on 'Clinical Varieties of Transference' (23), discussing the problem of regression in the analytic setting, Winnicott makes the statement: 'Good enough adaptation by the analyst produces a result which is exactly that which is sought, namely, a shift in the patient of the main site of operation from a false to a true self.'

This is certainly how Mrs X experienced her growing sense of personal identity in the months following the regression. She felt real and had a sense of continuity, in herself and in relation to her past. This is so rich an area of this treatment that I cannot even start to define it here. It was following this phase that Mrs X became able to face and work through her acute sense of guilt in relation to her mother (at having left her behind to perish), and she began to sense that alongside all the failures of her mother there were some very positive aspects too. It was an

emergence of the capacity for guilt, gratitude, and concern in relation to her mother that released once again in her the wish to try to build a new relationship with her son.

In the months following her regression every aspect and each detail of her experience in regression in terms of the analytic setting and me were worked through; also all her memories from childhood and experiences of her marriage achieved a new meaning and significance for her. She now felt related to her past. It had really happened to her, and she could begin to sort out what had been her legitimate contribution to its complexities and pathologies. Now she could also begin to discover for herself, from within her introspective examination, how much of it had been imposed upon her by others and to which her only defence so far had been a passive compliance and withdrawal into apathy and inertness. It was possible to show the role all these factors had played in blurring for her the distinctions and discriminations between self and non-self, phantasy and reality, frustration and trauma, rage and depression. The transference now achieved an affective coherence in which the here and now and the historical could be seen both in their interplay and separateness; also an emergent object-relation to the analyst began to shape and sustain itself over an appreciable length of time. Mrs X had always felt both time and space to have been strange and incomprehensible factors of experience. Now they were real elements of her relationship to herself and others. Also negative transference now became a valuable and therapeutically workable experience rather than a merely confusional one. I am trying to stress the consistency of the transference relation in this phase rather than its absolute newness.

Similarly her inner integration and ego-maturation took a quite rapid stride forward. She had a sense of her body and took pleasure in it. She dressed well and enjoyed her pleasures, such as reading, going to the theatre, going for quiet walks, etc. She could work for her examination with a steady effort.

I should like to stress strongly, however, the tentative, highly vulnerable and 'experimental' nature of these developments and their 'analytic' dependence on her transference to me. Here again the comparison with early stages of ego development, as described by Winnicott (22), is very striking.

After passing her second examination Mrs X started looking for a new job and a flat to live in

where her son, as had been agreed between her husband and herself a few months earlier, could come and stay for his holidays. I did not think she was ready for all that as yet, but refrained from commenting. The quiet concentration with which she started to find a flat and her capacity to cope with endless frustrations, delays, bickerings over details, was no less surprising for me than for herself. She was not in a manic state either. I had made it quite clear to her that her treatment was not yet complete, and she should find a job and a place to live in from where she could come for treatment regularly. Then suddenly, out of the blue and after a long silence, the husband wrote to her saying that if she wanted her son she could have him for good and all and he would have nothing more to do with him. This was an act of deliberate and cruel malice. The patient and I both knew it as such. The husband knew perfectly well how unready the patient was for such a total responsibility, and that if he blackmailed her with it she would panic and give up. However, she did not panic. Instead she went into a most resolute and paranoid state, and this I shall now describe as the third and last phase of her treatment.

Third Phase

This, the last stage of the treatment, lasted for roughly six months. At the start of the treatment it had been agreed between Mrs X and her husband that 'after a successful cure she was to join her family'. Things had not worked quite so hopefully. The husband's mental equilibrium had started to collapse, and his attempts to retain a hold over himself had complicated his private life so much that it was no longer possible for Mrs X to envisage returning to her family. Almost a year earlier than the time under consideration they had arrived at the understanding that the son was to stay and study with the husband and join his mother during holidays. It was the sabotage of this plan and promise that launched the last phase of treatment.

As I have already indicated, Mrs X's mood was flagrantly and solidly paranoid. She felt it had all been a hoax and her husband, myself, and the referring psychiatrist had all three conspired against her. We all knew from the start that she was never to get her son. We were hypocrites who had merely pulled her together because she had become our liability. What astonished me about this hate-mood was its complete lack of hysterics, its delusional abso-

luteness, and its cold vigour. She was bitter, defiant, and she hated everyone, me in particular. I was out of my depth in no small measure. In my naïveté I had neither expected this nor had I any clinical tools immediately ready to hand. Nothing worked—interpretation or patient kindness. She was no longer an invalid, she said. The only persisting link with the work before was the continued intactness of the therapeutic alliance. She came regularly and said little.

On thing I felt fairly certain about was that this was a battle, and I must maintain a consistent pattern of attitude and ego-strength towards the patient, and not try to humour her by random interpretations or withdraw behind a mask of neutral listening. There were many sessions of this grim silent battle, and I began to feel she was compelling me to hate her. Once I got hold of this perception in myself I found my way. She was going to compel us all to annihilate her. That was, I felt, the clue. Her school setting now had little sympathy for her. She was no longer an invalid. She felt normal and hateful. Her hatefulness oozed out of her controlled and cold polite manner.

I interpreted on these lines. I should like to single out one important detail of the transference situation from this phase. I have said that in her regressed phase if my 'body-attention' sagged she would get confused and feel lost. In this phase if my ego-attention sagged she was utterly confused. I had to be all there: firm, militant and bold: stick to my guns, right or wrong. She would repudiate every interpretation of mine in a most acid, quiet manner and make me feel utterly useless. She was raging mad inside her and very envious of everyone's lot in life.

I had a quite conscious fear that she would kill herself to achieve rest. She was indeed living in hell; as in the manic phase, this state of being wide-awake and persecuted never let up. There was no respite from it. As in the manic phase, interpretations had become utterly ineffective. My only weapon was firmness in my attitude to her. I felt that was what she was needing and demanding. Balint recently made the following statement: 'The other meaning of *object* seems to be *obstacle in the way of the action*, in fact a resistant obstacle that has to be negotiated. Perhaps our very first perceptions about objects may be those of resistance, i.e. something firm against which we may pit our strength, either successfully or unsuccessfully. This conception

is certainly in harmony with the cluster of associations surrounding the word "object" (3).

As this phase developed we were to see that, contemporaneously with its pathological elements, one important aspect of this paranoid mood had been related to the integrative processes of ego-maturation that were now shaping up in Mrs X, and she needed this 'resistance' in the object if a certain amount of structuralization and neutralization of the id-cathexes in the ego was to take place. This had a direct bearing on her lifelong evasion of personal discipline and socialization.

To return to the central theme of the paranoid mood. One day Mrs X asked me why I had not stopped her treatment a month ago when the opportunity had arisen, and let her go. And she added acidly: 'Everyone would have been saved this embarrassment and you would have had a cure to your credit.' I took this opportunity to comment at length to her. I had been hesitant to stop her treatment because one bit of material that had turned up very early in the analysis had made a vivid, almost eidetic impression on me and had never been touched upon again in any significant manner. She had told me how one day when she had gone out for a walk with her son he had suddenly run across the road. She had rushed forward, caught him, and slapped him hard on the face. He had looked at her in utter terror and helplessness, and she had felt that a savage expression must have been on her face. Then she had added that naturally she had slapped him in his own best interest. Now I attempted an interpretation as follows: Her real fear was that were she to get her child she would kill him. All her depressive apathy in relation to him had been a defence against this unconscious murderous impulse, this being the real reason why she could not have him with her during her husband's hospitalization. She could not trust herself. During the last two and a half years she had lived in a phobic distance from her son and, given this condition, she could feel all her love for him. Also the 'illusion' that she was to return to him and we were all sponsoring it had negated her inner knowledge of the murderous wish. Now that her husband had refused to share the son with her and she could either have him all to herself or not at all, unconsciously she had interpreted her husband as saying: 'You are a murderer and I will not have this collusion with you.' Thus the feeling that we had cheated her of her son had the directly opposite meaning,

that we were saying: 'Yes, it is true you will kill him.'

This interpretation had a most mutative effect on the patient. She now recalled and recounted for the first time what she had known about her feeding experiences with her mother. They had a peculiarity about which her mother was always making a joke. The nurse used to put the infant to the mother's breast and give her a feed from it while the mother would continue to sleep. This is the archetype of her experience of responsiveness from the loved object. Now she also began to talk of her acute bouts of envy and jealousy of her little son's vigour and liveliness. It was possible to say here that his liveliness had filled her with envy and rage and her only response to it was murderous hate. The only way she could save him was by deadening the whole process and going under a blanket. This had its parallels and precedents in her relation to her husband and governess. She provoked them all to 'murder' her. This further led to her terror of her own instinctual aliveness, her own hopelessness about what she had to give, her feelings of her unworthiness and abjectness. To her, her love either felt destructive at the root or it was not something she could bring into an active relation with the loved object. We could now work out in detail how this had disturbed her relation to her own body, and all the consequent dissociations. There was no possibility for her of a live, excited mutuality. The wish to eat and be eaten had taken on the distorted aspect of a wish to murder and be murdered. This is what she was now doing in the transference relationship to me.

It was possible now to work also on the whole complex material of defusion of instincts and the corresponding dissociations in the ego, the imbalance between her ego-strength and ego-weakness, and what bearing it had on her weaning processes and establishment of a personal identity. Here we were also able to see why before her regressive experience in the analytic situation she had only a sense of shame, disgust, or humiliation in her subjective experience of her experiences and not one of guilt. Only latterly had guilt become a genuine and personal experience for her. That some of her guilt had been deeply unconscious is true, but I think it is a valid statement about Mrs X's pre-analytic personality that the capacity for real guilt had never quite matured in her. This is further related to the fact that terror and fright rather than anxiety had been her typical ego-reactions

to danger. Also there was the enormity of dependence at this moment of emergent aggression in relation to the love object. In infancy it is easy, in normal circumstances, for a mother to meet the infant's greedy love and attack. When an adult has to reach back to recover this aspect of development it is a nightmare both for the environment and the personal ego. The need to hate and be hated becomes the adult equivalent of the unresolved infant equation, to eat and be eaten. If a dissociation sets in, the hate (aggressive) components get organized in a continuous challenge to and provocation of the environment; and/or a compulsion towards a very masochistic surrender to it. Annihilation in her ego-experiences had thus taken the form of being humiliated, and in this inner milieu aliveness was a persecutor and could be dealt with either by negation into inertia or through projective identifications.

The ramifications of these processes in terms of the transference were now obvious. In it she could articulate both her relation to her mother and her relation to her son, identifying herself with her mother in the latter. I was the son she had not been and I was the son her son was. Her only hope with me was that I was her son and not helpless. I was not dependent on her for my protection. I could take her savagery, her excited love and hate, and this was what was now happening and being tested and sorted out.

From here the rest of the treatment was easy. It ran a smooth course, and the analysis of her repressed and dissociated oral sadism came into full focus of clinical work.

After another four months the patient terminated the treatment, for external reasons as well as because we had come as far as we could. She left me saying: 'I have found my way of living my own life. If I make a go of it perhaps one day my son will be able to share it with me, but I am not counting on that.'

The treatment had lasted three years, and the patient has now lived an independent life, without treatment, for over three years. The developmental processes have continued, and she has achieved a really satisfactory way of life. After the termination of the treatment she applied for and got a very good job. She moved into a flat of her own and slowly settled down in her new environment. Then she started negotiations with her husband, who had got himself into quite a mess. She did not rush to his rescue either. Eventually she got complete custody of her son and boarded him in a residential school

because there he would have a better chance of normal development. He has spent all his holidays with her and they have made a good relationship. She is very conscious of all the difficulties and very soberly patient. She is enjoying her work, her success at it, and has made good contact with her colleagues. Some months ago she wrote to me: 'I am living the life of a citizen now, that is to say, living in a community. No longer the depressed angry savage who was utterly lonely and could rest only in my collapsed withdrawnness.'

This patient has undoubtedly made a good recovery. When I look back on the whole course of her treatment I am very impressed by her courage, perseverance, and fortitude. Her treatment had made very severe demands on her, and it still surprises me that she found the strength in

herself to meet them. One is tempted to ask what factors in this patient's personality enabled her to stick to the treatment with such tenacity. I find myself very much in sympathy with Kris's statement (12): 'The possibility suggests itself that a considerable tension between regression in the analytic situation and its more or less smooth control may characterize some of those rare individuals, who show what we loosely call a gift for analytic work, or at least a gift for it in an important aspect.'

I should like to end this report with a quotations from Ella Sharpe (16):

'While our task lies primarily with the unconscious mind of the patient, I personally find the enrichment of my ego through the experiences of other people not the least of my satisfactions.'

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AWARENESS AND STRESS: POST-PSYCHO-ANALYTIC UTILIZATION OF INSIGHT

By

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This paper is concerned with the nature of *awareness*, particularly with the character of awareness that prevails during and after a stressful situation. Ordinarily, a new or first awareness of oneself or of the world as it affects oneself is referred to as insight. In a comprehensive paper on the varieties of insight, Zilboorg (4) has re-emphasized that insight is therapeutically effective only when it is an affective process; that permanent and genuine insight occurs as the result of a series of affective reconstructive experiences evolving in the psycho-analytic transference situation. He contrasts this process with intellectual insight which serves as a conceptual prop and does not produce a basic alteration in the psychic structure. He maintains that only affective reconstructive experiences of insight developing in the transference are followed by a meaningful and rational new *orientation* toward the world and toward one's own self.

The present discussion is focussed on the forces that promote or interfere with the maintenance of an *orientation* which has followed meaningful insight processes. A psycho-analytic orientation is associated with varying degrees of awareness of previously repressed aspects of the self. Such an orientation may be contrasted with a pre- or non-psycho-analytic orientation where there is no awareness of what is repressed. It is apparent that complex ego functions are essential to sustain a psycho-analytic orientation: derivatives of unconscious fantasies must be permitted to reach consciousness; the counter-cathexis, which would lead to re-repressions of these derivatives, must be withheld; and the significance of the derivatives must be integrated in a meaningful way. Under favourable circumstances, these ego processes occur without calling any attention to their functioning. Presumably, on these occasions, the derivatives of unconscious fantasies are so familiar and acceptable that they are immediately and autonomously integrated into the self-concept. They arrive

without producing any fanfare, as it were, and little effort is required to accommodate to their presence. There are other times, however, when the derivatives of unconscious fantasies are much more disturbing, and considerable psychic activity is necessary in order to avoid repression and assure reaching awareness and understanding. In these instances, the ego processes are by no means autonomous and silent and can themselves become the object of observation as in the example delineated in this study. This is particularly true where the psycho-analytic orientation is influenced by a stress resulting either from an increase in instinctual activity or from threatening signals from the outside world. Even in the case of a well analysed person, such signs of a stressful situation may mobilize regressive reactions where there is no indication of any psycho-analytic awareness. When such a regressive reaction does occur, it may be of momentary or of more prolonged duration, but in either instance it is sooner or later followed by a restoration of the analytic orientation.

This paper deals in large measure with this process of *restoration* of the analytic orientation. An autobiographical episode is described to illustrate the ego functions associated with just such a re-establishment of the attitudes toward the self and the world which had originally evolved as the result of psycho-analysis and had temporarily disappeared as the result of a stressful situation. Thus, the process described here is not that of a new insightful awareness but rather that of a rediscovery of the self and the world, first integrated affectively and rationally during psycho-analysis. It is apparent that such a rediscovery is not accomplished under the same conditions as the first awareness of similar aspects of the self and the world. The original insightful process is accomplished in stages over a period of time, and awareness of derivatives of unconscious conflicts is worked through and reconstructed more or less leisurely under a wide variety of circumstances. In contrast, the

restoration process described here occurred shortly after a stressful event and was influenced by a need to deal with an acute threat. It was a more or less immediate and emergency process as compared with the long-continuing development of psycho-analytic insight. This raises the particularly thorny question, central to this discussion, as to what extent a restoration of this type is associated with a thorough re-establishment *at the time the process is occurring* of the psycho-analytic orientation with relatively full affective awareness of previously repressed aspects of the self; and to what extent the conceptual aspects of the process serve as a resistance against awareness of the more unconscious significance of the conflict which promoted the regression. From a long-range viewpoint, of course, the regressive reaction to stress may be utilized as part of a continuous working-through of the underlying conflicts which mobilized this reaction.

The use of an autobiographical episode has both advantages and disadvantages. It is clearly advantageous to describe phenomena which have been directly observed by oneself in oneself rather than rely on the observations of similar phenomena in a second person who is involved in a complex relationship with the observer. In this study, in particular, the major concern is with the ego functions employed to promote awareness of conflicts rather than with the structure of these conflicts. Patients involved in such stressful situations rarely reveal the steps they use to resolve their conflicts. The autobiographical approach thus affords an excellent opportunity to perceive the details of the ego functions which are utilized in the re-establishment of awareness.

The disadvantages appear to be twofold: first, I am naturally reluctant to reveal certain aspects of the immediate conflicts which at that time intensified the reaction I had to the relatively minor stress to which I was subjected, and I find myself obliged to describe these conflicts in their broadest terms. There is a second disadvantage in the autobiographical approach in that I direct the reader's attention away from the main problem with which I am trying to deal. In this paper, I am not concerned with what my unresolved conflicts are, or with the extent of my psycho-analytic insight into myself. I am concerned with trying to understand and describe the ego functions used to maintain and re-establish a psycho-analytic orientation towards oneself, especially under stressful circumstances. I

hope, therefore, that the autobiographical revelation will not divert attention away from my major purpose.

THE STRESS EPISODE AND THE RESTORATION OF INSIGHT

Some time ago a man in a position of authority at an institution with which I am connected telephoned, asking me to come in to see him. I had, at the time, had few personal contacts with him. He appeared to me to be quite austere, and had been described to me as critical in his attitude toward those who worked under him. Shortly after his telephone call, I became tense, anticipating that I should be criticized by him when I appeared at his office. I had a series of unpleasant fantasies in which he took me to task for having been too aggressive in a number of minor ways, and I then in my fantasy proved to him the falseness of his criticism. Obviously, there was little evidence at this point of an integrated psycho-analytic orientation toward myself and my outer world. After approximately one half-hour of this fruitless rumination, I rather suddenly grasped the fact that I was reacting inappropriately and so came to re-evaluate my situation.

As far as I can recall, my mental activities in this restoration process were as follows: first, I became aware that I was over-reacting and that there was no real reason to anticipate that I should be criticized for these fantasied misdemeanours; second, I recognized that my behaviour corresponded to a pattern with which I have become quite familiar during and since my own analysis, namely, that I sometimes become swept into such fantasies in which I am falsely accused when, in actuality, I have done something about which I feel guilty; and third, I examined my recent behaviour and, in particular, my mental reactions to events in an attempt to ascertain some of my behaviour about which I did feel guilty. Almost immediately I recalled and simultaneously re-experienced a mental state which had occurred sporadically during the previous several days. I had, in fact, cut somewhat short a teaching session in the very institution where this authority played a prominent role. This lapse had been motivated by pressure in my private practice and, to some extent, could be justified (or at least rationalized). As in many instances of similar choices, prestige-needs, and gratifications in being an important doctor played the major role in this behaviour, outweighing at the time what I considered my obligation as a

teacher. The choice I had made did not involve protracted deliberation and was easily decided upon. What I recalled was not any sense of guilt or struggle at the time I committed the act, but rather my self-derogatory admonitions *post hoc*, in which I exhorted myself to avoid repetitions of this behaviour in the future.

To put it schematically, I had been saying, 'Don't do it again; it's wrong and may lead to bad consequences.' A striking effect occurred with the recall and re-experiencing of this self-critical mental state. I felt an almost instantaneous sense of relief. The authority-figure became a realistic person once again. I was no longer concerned about being unfairly criticized and, to the best of my recollection, went about my business with a minimum of tension.

THE LOSS OF PSYCHO-ANALYTIC ORIENTATION

It seems logical to begin a discussion of the process of restoration with a consideration of the factors that led to the suspension of my psycho-analytic orientation. This hard-won orientation toward the self and the outer world is influenced by the *significance* of inner and outer stresses which are encountered in the course of events. Stresses which have a threatening significance tend to promote a regression toward a pre-psycho-analytic type of orientation. In my case, it was apparent that for some time after I abbreviated the class-session, I was not conscious of the instinctual needs that were expressed by means of, or at least symbolized by, my behaviour, nor was I aware of the guilty reactions mobilized by my behaviour. If the ego functions associated with maintaining my psycho-analytic orientation had been more adequate, I should have rather quickly and probably silently grasped from minimal cues in my mental reactions the fact that I was involved in a familiar type of conflict, comprehended its meaning, and the tension associated with this conflict would have ceased. It is realistic to anticipate that some anxiety and defensive reactions would have developed, even under the most propitious circumstances, but an equilibrium would have been quickly re-established, if the psycho-analytic orientation had remained essentially in force.

It is necessary to account for the regressive reaction which obviously did occur. I think the unconscious meaning of the behaviour associated with cutting the class had been, in large measure, appreciated during my psycho-analysis, and its unconscious significance had been affectively and rationally integrated. If it had not, of

course, the unconscious meaning of my behaviour would have mobilized guilt and the anxiety associated with it would only have been coped with in a defensive manner. Yet such conflicts had been repeatedly revived during my psycho-analysis. On many occasions since my analysis, my psycho-analytic orientation has been maintained in the face of similar stresses. Why then did a regressive reaction occur secondary to this particular stress? The *a priori* possibilities are that either the act itself, innocent as it appears to be, was cathected with aggressive and libidinal energy to an unusual extent, or else my superego was vulnerable as the result of related conflicts which had been occurring during the same period of time.

In either event, the unconscious significance of the act mobilized anxiety to such an extent that the predominant ego functions were directed toward coping with this anxiety. The portion of my ego that was utilized to exhort better behaviour in the future was split off from my observing and psycho-analytically oriented ego. These exhortations were carried out at a pre-conscious level, in the sense that I was potentially able to become conscious of them once I recognized that I was functioning in a regressive fashion. Yet, at the time that they occurred, I was aware neither of the presence, nor—certainly—of the significance of this derivative of an unconscious conflict. This was a regressive reaction relative to my orientation in similar situations of stress where I was more or less cognizant of my conflicts and their unconscious significance. This tenuous regressive adjustment was maintained by my defensive ego mechanisms until the telephone call which had the unconscious significance of a threat from an implacable father. The fantasies that followed indicate still more frantic and regressive reactions. The act itself was denied and the guilt associated with it was projected on to the authority-figure, who was, in my fantasies, about to accuse me unfairly of other acts of which I was innocent. A superego-ego struggle dominated my mental activities until the process of restoration was utilized. It is likely that an understanding of the *aim* of the process of restoration will shed light on the effect produced by it.

THE AIM OF RESTORATION OF INSIGHT

Why was I motivated to shift from this fantasy battle with the authority to a search for the source of my tension? There can be little doubt that I was quite uncomfortable as the result of

the harsh attitude of my superego. My attempts to project the blame on to the authority were unsuccessful in relieving anxiety, probably in part because of the intensity of the unconscious guilt. Yet, in addition, there may have been a sufficient residual reality-testing, despite the impairment of psycho-analytic orientation, so that the less regressed part of my personality could not accept this attempt to place the blame elsewhere. This much projection was not compatible with my post-analytic ego ideal. In any case, the tension was painful and it was inevitable that, in accordance with the pleasure principle, I should seek for another method to diminish the anxiety. My situation was analogous to that of a nightmare where, as the tension mounts, one concomitantly becomes vaguely aware of being asleep and of the possibility of waking up and escaping the tension. It is likely that I became gradually aware that I was involved in a profound regressive reaction and that it was possible to re-evaluate my situation in a manner that was less threatening. Once I became aware that I was over-reacting, the primary method of the ensuing mental activity led to a search for a reappraisal of my relationship with the authority, so that I should react to him as a less frightening figure. The goal of this process, to diminish the oppressive superego-ego conflict, might have been done in a variety of ways other than to have re-evaluated the character of the act that was at the basis of my guilt. It is obvious that the type of re-evaluation I used made me less vulnerable to criticism. For example, I might have attempted to reinforce my self-esteem by seeking out indications that I was strong enough to withstand onslaught, or I might have tried to diminish the threatening aspects of my superego by 'finding proof' that the authority was not as austere as I had felt him to be. In neither instance would the focus of attention be upon the character of my own behaviour. Such mechanisms might have been temporarily effective prior to my analysis.

There have been occasions since my analysis when, under very threatening circumstances, an even more marked regression of my analytic orientation has occurred, and my major efforts at defence against the anxiety produced by severe superego-ego conflict have been directed toward such methods of propping my ego or attenuating the force of my superego. Proving to myself that I am not in danger, especially when this happens to be the reality, may be partially effective in decreasing anxiety. The fact that the

external qualities of an object or of myself are seen more in the way I ordinarily evaluate such situations is more in accord with reality than projection and denial. Yet this orientation, if such it may be called, is a far cry from a psycho-analytic orientation where the derivatives of unconscious drives are observed and accepted as part of the self.

In this particular instance, the unconscious meaning of the authority's telephone call did not produce such a marked regression of my psycho-analytic orientation. I was thrown off balance by my anxiety but not overwhelmed. Concomitant with the recognition that I was over-reacting, this orientation was enough in force to direct my mental processes toward awareness of my own part in the difficulty. While the pleasure principle dictated that a solution be found to diminish anxiety, my analytic orientation rigidly limited the type of acceptable solution. It is perhaps inexact to ascribe to an orientation the motivation for the utilization of techniques which observe facets of the self. More appropriately, the activation stems from an analytic ego ideal, which to some extent is based on identification with the analyst. This analytic ego ideal serves as a permanent part of a post-analytic personality, ready to call to mind the necessity for looking at one's own role in a stressful situation. Quite apart from its paramount defensive and adaptive value, this analytic awareness permits various gratifications, although in a relatively sublimated fashion. The narcissistic pleasure in achieving insight, the re-establishment of controls, and the sense of contact with introjected loving- and protecting-love objects, as well as perhaps punitive and masochistic needs, are all expressed in an integrated way by the re-establishment of an analytic orientation which involves facing reality.

Reality from the viewpoint of a psycho-analytic orientation deals, first and foremost, with the inner needs and tensions that are responsible for reactions to external events. With a restoration of the orientation, I looked at what had been occurring within myself that had led to the regressive reaction. Anything short of this would indicate that the regression was in effect. The problem, however, is to determine the extent of my awareness of the conflict that had instigated the neurotic behaviour. It should be recalled that my primary motive in instituting the restoration process was to relieve the superego-ego struggle. Is it possible under such circumstances to become fully aware of the facets

of the self, particularly the unconscious needs which have activated the conflict? *A priori*, it is quite possible that the urgency of the anxiety and the nature of the conflict would impose limits upon the insight process, bringing about a compromise whereby preconscious derivatives of the forbidden urges that led to the act might be conceptualized at the expense of recognizing the more unconscious aspects of the impulse. On the other hand, concomitant with the development of the restoration process, the ego might progressively gain strength and regain its relatively intact position *vis-à-vis* the superego, thereby permitting a full or relatively full awareness of the unconscious aspects of the conflictual urges.

THE PROCESS OF RESTORATION

A detailed examination of the process of restoration might help clarify this problem. The process was a complex and integrated ego function. Unquestionably, it was first acquired as the result of the various experiences— affective and intellectual—that occurred during my psycho-analysis and has been reinforced by its meaningfulness in many situations that have taken place since then. Its successful integration was contingent upon the utilization of several complicated mental steps in a goal-directed sequence. An important criterion for its application is a re-experiencing with awareness of a previous mental state.

I was able to observe three steps in the process I utilized. First of all, I discerned that I was over-reacting to an external stimulus, the telephone call. This awareness that the reaction was inappropriate appeared to develop suddenly, and I do not know what internal or external one led to this transition. It has already been suggested that during the period of acute tension after the telephone call, I perceived something in the situation which indicated that my reaction was exaggerated and I recognized that my anxiety would abate if I examined the situation more closely. My ego became cathected with enough 'neutralized energy' to shift in part from being a 'neurotically involved ego' to becoming a 'discerning ego' (1). This is an important shift in orientation. Attention has been directed toward the self, even though at this point the awareness of the self's role in the conflict is rudimentary.

The second step involved a quest for the reason for my over-reaction. There developed the realization that the degree of fear and

hostility felt was not warranted, and then the recognition that this was part of a familiar pattern—behaving in such a defensive manner when I feel guilty about something I have done or experienced. This recognition lacked many of the affective overtones associated with re-experience and was derived from previous cognitive insights whereby I originally became aware of this pattern. There was a sense of familiarity but no recall or revival of a previous mental state. I formulated a hypothesis to account for my reactions based on similarity to previous situations which I had analysed. As yet, I lacked affective awareness.

The third step, as indicated, was the most crucial aspect of the process. It is the phase of the process that seems most clearly related to what Richfield (3) describes as 'knowledge by acquaintance' in contrast to 'knowledge by description'. It is a mental process I go through frequently in various ways. It is preceded, as in this instance, by a tentative hypothesis deduced from a number of clues concerning feelings, impulses, and conflicts I have experienced. The step itself consists of a scanning of my memories of recent mental states in search for the state that corresponds with the conclusion I have arrived at. This step is deemed successful when I can recall, and in a muted way re-experience with awareness, what has gone on in this mental state. I use this step most frequently to recapture a feeling or conflict which I have concluded is responsible for the content of my dreams. There is, of course, nothing unique about this, but I do not feel that I have become aware, even partially, of what is responsible for my waking or sleeping behaviour, unless I can recapture and re-experience affectively the state of mind which corresponds more with a cognitive appraisal of my situation. At this point, there is the familiar 'click'.

What is of interest is that what was recalled was the previously preconscious mental state, wherein there had been extensive self-criticism and exhortation to better behaviour. A mental state is complex and difficult to describe, but as far as can be ascertained what was recalled and made conscious was this self-criticism plus the corresponding affect of guilt, muted—of course—by the fact that it was now the object of an observing ego. The implication is inescapable that more than a recall of a guilty reaction occurred, although these subsequent steps transpired presumably in a preconscious fashion as the inevitable conclusion of a Gestalt whose con-

figuration had been grasped. It is legitimate, I think, to deduce that in some such manner I recognized that my guilty feelings had been preceded by the taboo act of cutting the class. Furthermore, in similar fashion, there was a change in the way the act was appraised. Prior to the restoration process, only the censoring aspects of my ego operating under the aegis of my superego were directed toward the act. The character of the act and even my reaction to it were split off from my observing ego. With the re-establishment of my psycho-analytic orientation, the discerning and much more benign portions of my ego were in a position to evaluate the act. How correctly the character of the act was discerned will be discussed subsequently.

It is clear that the restoration process proceeded in steps. First, attention was directed toward the self; next, cognitive processes were directed toward an understanding of a behaviour pattern; and finally, a complex step occurred wherein both affective and cognitive mechanisms were in operation. One can postulate that with each step there was a new orientation, in each instance directed toward a clearer and more meaningful observation of the self. The change in the orientation of the ego between the second and third steps is quite striking. During the second step, the ego is examining the self, but this object of examination is delineated in logical and conceptual terms. The orientation of the third step involves much more. The self here is not merely observed but re-experienced as it is observed. The boundaries of the observing ego, as it were, encompass the memory and the feelings of a significant mental state.

RESTORATION AND THE PROCESS OF PSYCHO-ANALYSIS

In many ways, this process of restoration recapitulates the process of psycho-analysis. An analysis proceeds step by step. The various aspects of the repressed portions of the self enter awareness in stages. At a given point a new meaning of behaviour is comprehended. Subsequently, the derivatives of impulses motivating this behaviour are affectively appreciated. At each stage during an analysis, there is a period of working through of the new insight before there is a moving on to a deeper awareness of the self. Each of these stages is associated with a greater capacity to accept and integrate derivatives of the unconscious processes rather than to respond to signs of them by primitive anxiety or guilty reactions. The increasing self-esteem and se-

curity associated with this intrapsychic shift prepare the way for awareness of still more repressed aspects of the self. If it is assumed that the restoration process repeats the analytic process in a highly condensed fashion, each step of restoration can be considered as leading the individual to increasing security and a greater capacity to become aware of the self instead of responding to aspects of the self with anxiety and guilt. The increasing integration and security associated with each new stage would permit a modification of the original aim of the restoration process, which was to decrease the superego conflict. The aim became increasingly directed toward awareness of the self and much less involved with decreasing the original anxiety. As the process develops, the ego has a progressively greater capacity to appreciate affectively the repressed portions of the self.

Furthermore, the analogy between a psycho-analysis and the restoration process can be extended. At each stage of an analysis, a new awareness is partially utilized as a defence against more repressed and unconscious aspects of the self. The ego orientation at each point of progress goes something like this: 'Yes, I see it and maybe feel it as part of my self, but, thank God, it isn't something more dangerous.' What it is that is more 'dangerous' cannot be formulated at that point in the analysis. This double aspect of a new concept of awareness and defence is applicable to the restoration process, particularly the last step.

This leads once again to the question that has been posed during this discussion: To what extent were the unconscious aspects of cutting the class appreciated? The fact that the restoration process included the re-experiencing of a previous mental step points at least to a significant degree of awareness of the self. However, the extent of awareness of the act's unconscious significance is difficult to determine.

The fact that there was a very vivid sense of relief with the recall of the previous mental state does not resolve this dilemma. It has been indicated that the relief was chiefly associated with the decrease in anxiety due to guilt about the act of cutting the class. The fact that I recalled and re-experienced certain aspects of this conflict has strongly suggested that the act was reappraised in a manner that was less threatening, and my anxiety decreased as the result of this reappraisal. Of course, relief can be experienced upon waking up from a bad dream and recognizing that the nightmarish object is non-

existent. Analogously, my 'wide awake' and restored-to-things-as-usual ego could have evaluated the act as not bad and not dangerous. Yet the act undoubtedly was reappraised not only in terms of what it was *not*, but to some extent in terms of what it *was*: that is, as an act of my own motivated by 'aggressive and selfish' needs. This is indicated by the utilization during the process of restoration of the complex mental mechanisms which are, at least partially, associated with an analytical orientation.

Perhaps a further discussion of just what the act was will lead to a partial clarification of this problem. For the full psycho-analytic awareness of what the act was, it would be necessary for me to accept and integrate (or reintegrate) the unconscious aspects of the act. Yet the act as it was performed was a relatively innocent bit of behaviour taking place in real time-and-space dimensions. It was motivated by needs which, while selfish and aggressive, appear to be a far cry from the primitive phallic strivings—to say nothing of the pregenital impulses—from which they were derived. The energy which cathected the act was, to a considerable extent, neutralized. It is possible, of course, that certain facets of the act might have been motivated by more unconscious needs, e.g. my reactions to the patient for whom I cut this class. I do not believe this to be the case. Be that as it may, the act—as it was experienced—was a discrete event occurring under not very remarkable conditions and would not have been judged a very serious transgression had I thought about its nature during the time it was taking place.

If I had hypercathected the act with conscious attention, I would most probably have viewed it as a bit of behaviour similar to previous comparable acts of mine and of other persons. I would have been able to categorize it in various ways in accord with concepts I have about my own activities, e.g. reasons for doing it, possible consequences, etc. According to all indications, I would not, in this framework, have considered it to be of very serious import.

My orientation towards the act under these circumstances would not be a psycho-analytic one. I would have recognized that I had participated in the act, but would have dealt with it in concrete terms, which indicates that I was dealing with my internal reality as if it were external. The focus of my attention would not have been primarily upon the affect I was experiencing or upon my mental state associated with the act. I would not have been motivated to search for the

unconscious aspects (or potential unconscious aspects) of the act, in large part because at this point the act was sufficiently ego-syntonic for its significance not to mobilize very much anxiety. In fact, as indicated, this concrete way of viewing the act would not have been too discordant with its real character, as it was psychically experienced in the process of unfolding and as it compared with the qualities of other similar acts.

Once the act had taken place, however, the intrapsychic processes began to deal not with the act itself as it was *in statu nascendi*, but with the memory of the act. It was incorporated into mnemonic systems and subject to the fate of 'daytime residuals' described by Freud in Chapter VII of *The Interpretation of Dreams*.

Once conscious cathexis was withdrawn from the memory, the preconscious aspects of the act predominated, with the guilt-mobilizing qualities of the memory paramount. This is indicated by my concern about my behaviour and the preconscious self-critical fantasies. The unconscious significance of the act is more obscure. The oedipal and preoedipal significances can be deduced from the character of my behaviour, but there is no evidence as to a more exact picture of the unconscious fantasies. The intensity and the prolonged duration of the self-critical fantasy, as well as the exaggerated reaction to the telephone call, certainly point to fairly marked unconscious cathexis of the memory.

REINTEGRATION AND RESTORATION

The problem under discussion, it should be recalled, is to determine the degree to which the unconscious aspects of my behaviour were reintegrated during the restoration process. It is to the point, therefore, first to clarify, or at least to speculate upon, the manner in which this memory became linked with unconscious processes. It is a matter of common observation that many bits of behaviour, seemingly harmless when carried out, subsequently become elaborated in vivid fantasies or dreams which indicate that unconscious fantasies have been linked to this behaviour.

Fisher's (2) work on preconscious perception may suggest fruitful analogies in aiding in the understanding of this transition. He has shown that preconscious perception can occur when a picture is flashed on the screen for a fraction of a second. Certain percepts registered without conscious awareness are utilized and distorted in accord with unconscious needs, as manifest by

the character of visual imagery in dreams and free drawings immediately after the tachistoscopic exposure. Fisher has speculated that the unconscious wishes mobilized by the experimental condition transferred their intensity on to the memory traces of the registered pre-conscious percepts, and that there was subsequent delivery of the transformed percepts into consciousness in the form of dreams.

The situation under discussion is not strictly analogous. For example, there was no dream as evidence for the character of the unconscious needs which might have become transferred on to the memory. It is possible, none the less, that something similar occurred in this instance. The memory of the act was registered and, subsequently, parallel unconscious conflicts not primarily precipitated by the act, but occurring more or less contemporaneously, might have utilized this memory as a means of expression in the preconscious. Another alternative, already indicated, is that the act only appeared to be relatively benign; the motivation and actual discharge of the act was associated with fairly marked aggressive urges, held in check by defences which were no longer effective when conscious attention was withdrawn from the memory of the act. When this occurred, the now freed aggressive energy associated with this act was discharged by means of unconscious fantasy systems. This latter possibility seems less likely, but in either instance the unconscious conflict was expressed in the preconscious by way of the self-critical fantasy, influencing in particular its intensity and duration. There is no evidence that the unconscious aggressive and sexual impulses as such were expressed in my preconscious in the form of derivatives. There was no dream, no libidinal or aggressive fantasy, no memory of intense and highly cathected affect to serve as an object for my observing ego.

The absence of such derivatives may have been due in part to the fact that I did not search for them because of the associated anxiety. If this were the case, some aspects of the underlying unconscious impulses reached the preconscious but not awareness. It is equally possible that derivatives of the id were not recognized because the conflict was experienced in the preconscious largely in terms of a superego-ego struggle. In such an instance, the id derivatives of the conflict would not be readily observable.

What happened then in the restoration process is rather complex. First of all, in accord with its aim of relieving anxiety, the ego directed atten-

tion cathexis toward the memory of the act in terms that more or less corresponded to the way it would have been considered, if I had reflected upon it during or immediately after the act occurred, as a not too serious bit of behaviour. As such, it became dissociated from its unconscious connexions. The sense of relief was then partially due to this non-threatening and 'realistically' concrete attitude toward the act.

However, I think more than this occurred. With the increasing security which developed during the restoration process, particularly after its third step, the unconscious aspects of the memory became the object of the observing portions of the ego, although such observations occurred silently. The act's unconscious significance was sought out by methods of observation which were the tools of the analytic orientation.

As I have constantly reiterated, conclusions about the degree of observation and reintegration of the unconscious aspects of the act must be tenuously stated. The paucity of unconscious derivatives actually observed does not preclude awareness and acceptance into the ego of the unconscious portions of my behaviour. During and after a psycho-analysis, the development of affective appreciation of the unconscious aspects of the personality occurs in separate parts. At one time, associations to a dream may lead to awareness of unconscious drives, so that there is a recognition of similarity of the dream pattern and the waking behaviour. On another occasion, a bit of adult behaviour is demonstrated to be a linear descendant of behaviour apparent in a revived infantile memory. At still another time, a mental state in which a highly aggressive fantasy manifests itself is affectively appreciated. To revert to my autobiographical example for a moment, it is hardly indiscreet to reveal that my sensitivity to authorities had been affectively, as well as cognitively, recognized as very directly related to my reactions to my father. In any case, in my own analysis, as in all analyses, these crucial affective insights were experienced in separate parts. In the course of time, derivatives of these unconscious conflicts are expressed and integrated into the psycho-analytic or post-psycho-analytic orientation in an almost infinite variety of ways so that the separate parts become more and more part of a Gestalt. An awareness of the derivative of part of an unconscious conflict stands for the whole. An awareness of the fact that I have over-reacted to an authority, which actually occurred in this situation, indi-

cates to me, provided my analytic oration is in force, that I have unconsciously reacted to a castrating father-image, *plus* the fact that I have wished for forbidden objects or gratifications that are related to oedipal strivings. I think it is likely that some such appraisal of the total event was made, and that it was appreciated that the act had been in one way or another cathected with unconscious urges.

If this was so, then the relief associated with the restoration process was more than a re-appraisal of the act in terms of the customary idea of reality. It is axiomatic that a successful analysis promotes a transformation of the id into the ego. The anxiety produced by signs of the repressed unconscious urges decreases during the course of an analysis when these urges are accepted by the integrated ego as part of the self. It has been suggested that the restoration process recapitulated the analytic process. Thus the re-establishment of the analytic orientation during the restoration process permitted an awareness and acceptance of the *general* nature of the unconscious conflicts in a manner that decreased the anxiety mobilized by the unconscious urges during the period of regression.

There is still, however, the question why this restoration process stopped at the point where relief was experienced. Why did I not continue to scan my recent mental states in an attempt to recognize the derivatives of the id strivings that were at the basis of the unconscious conflict? For example, why did I not hypercathect the details of the act with the goal of ascertaining some clue that might point to the nature of the aggressive impulses associated with the act? Unquestionably, if I had continued to free-associate at that time, numerous links between the act in question and concomitant actions or urges of mine would have become apparent. Retrospectively, I am able to recognize many of these connexions, some of which have to do with 'coming of age' in the power struggles of the psychiatric world. I was aware of my intense psychic conflict in these matters, and a continual self-analysis was going on. Yet during the restoration process which I have described here there was a resistance to recognizing these connexions. It is likely that at that moment there

were associations that would have mobilized considerable tension if hypercathected with attention. It was safe enough to recognize and accept the general nature of the conflict implicit in the act of cutting the class, that is, that it was related to the perennial struggle with father-images; and it was possible affectively to experience my guilt associated with this battle. In all likelihood, it would have been more uncomfortable at that moment to have re-experienced a recent fantasy or urge that was cathected with intense degrees of aggressive or sexualized energy. It has been indicated that the restoration process served both adaptive and defensive needs, in that it decreased anxiety, as well as functioned at the behest of my analytic ego ideal. There were limits to the momentum provided by the latter aim at the point where it operated by itself without reinforcement from the pleasure principle. There was no incentive to proceed with further observations of unconscious derivatives once the anxiety had been relieved. My analytic ego ideal was placated by my awareness of the general nature of the conflicts. It is as if I had said that I knew what my unconscious conflict was about, and then reassured myself that if I wanted to brace myself—as it were—against the discomfort associated with awareness of my taboo impulses, I could do so, but why bother.

What is considered full and deep analytic insight involves an affective acceptance of one's most primitive urges and of the unconscious fantasy systems. During the period that such intense urges are in operation—for whatever reason—the usual course of events promotes some such regression of the orientation described in this paper. It is probably necessary in most instances to acquire some temporal distance from the stress for the ego to be secure enough to appreciate affectively the full force of the highly charged urges. No doubt, the more frequently and thoroughly this is done, the more readily such appreciation occurs and the more completely does awareness of part of the unconscious conflict truly stand for the whole. Yet it is hardly necessary to emphasize the defensive aspect of any mental process. What may appear to indicate understanding of unconscious processes may serve to cover deeper and more threatening meanings.

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RETALIATORY HOMOSEXUAL TRIUMPH OVER THE FATHER

A Further Contribution to the Counter-Oedipal Sources of the Oedipus Complex

By

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In an earlier publication (4), which attempted to clarify certain neglected aspects of the myth of Oedipus, it was suggested that the oedipal fantasy involved not only the slaying of the father and cohabitation with the mother, but also—quite specifically—a homosexual triumph over the feminized father. It is proposed to document this latter aspect of the oedipal fantasy by means of a rather thinly disguised dream of the David and Goliath type, in which the homosexual triumph is clearly present, despite an inversion of affect in the critical scene.

The clinical material about to be presented was obtained from a talented young artist of exotic origin, after he had been in a twice-a-week face-to-face expressive therapy for some months. He had sought treatment for a potency disturbance, which appeared when he first fell in love with his second cousin, who was also the first woman he ever loved. The potency disturbance disappeared quite rapidly after he realized that it was due partly to oedipal anxieties and partly to his fear of becoming emotionally unfaithful to his mother.

The Dream: 'I am in a bathtub with a male cousin who is my age, and we are engaged in some kind of physical contest with, or are attacked outright by, some older and larger men, one of whom is my older cousin. Somehow I have the feeling that the cousin in the bathtub and I are not our present age, but much younger; we are boys struggling against adults and must defend the bathtub against them. I reach down, grasp my older cousin, who is one of the attackers, by the ankles, and, with a violent jerk, lift him up, causing him to fall on his back, outside the bathtub. He is lying on his back, completely immobile. I emerge from the bathtub and bend over him—I am worried, thinking that I might have killed him.'

Associations: Before discussing the patient's associations, mention must be made of the fact

that, despite the excellent education this young artist had enjoyed, his dreams were invariably of a rather transparent type, such as one finds among primitives (2), children, and often also hysterics. In other words, even though the physical setting of his dreams included cultural items characteristic of his own civilized background—ships, physicians, bathtubs, automobiles, etc.—and even though the dream situations were such as one would meet with in the real lives of the educated classes of this young man's generally backward country, as well as in Europe and in America, the structure and the plot of his dreams were relatively 'primitive'—wishes and fears being presented in an almost undisguised form. Moreover, like some American Indian patients with whom I had worked on previous occasions (1, 2, 3, 5), this patient, too, had little trouble in producing quite rapidly significant associations to his dreams, and in understanding the latent content of his dreams with relatively little help from the therapist. This fact is understandable partly in terms of Róheim's view (8) that the superego (dream censor) of the primitive is patchy and full of gaps, and partly in terms of the anthropological truism that the primitive does not differentiate between reality and dream to the same extent and with the same definiteness as does Western civilization. In fact, Kroeber (7) actually suggests that the evolution of civilizations is, generally speaking, in the direction of greater realism; a view which should probably be amended to read that advanced cultures differentiate more and more sharply between reality and fantasy on the *logical* level, although in *practice* they often insist that a given fantasy is reality—and vice versa, of course.

(a) The attacked and seemingly killed cousin had been the object of some rather sadistic-castrative rough-housing at a time when the

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patient was in the late latency period, and the cousin a young adolescent. One day, after the boys had been swimming in the nude in their private swimming pool, and were standing near the water, the patient suddenly grabbed his cousin's penis—which, for some reason, had become erect—and began running around the pool, dragging his older victim behind him. Since the patient had a firm hold on his cousin's penis, the latter, though older, larger, and stronger than the patient, was unable to defend himself effectively without hurting himself, and had to trot behind his smaller assailant for quite some time before the latter agreed to release him.

(b) The bathtub led to two associations. The patient compared it to the pool near which the sadistic scene just described had taken place. He also remembered that, when he was swimming in, or playing near, that pool in childhood, he sometimes had occasion to peep through a crevice and to observe the enormous nude buttocks of one of his family's native woman servants. Throughout his childhood this woman's huge buttocks both fascinated and excited him, and the recall of this interest led to the second association that, as a child, he sometimes refused to be *bathed* until bribed by being shown the large buttocks of this female servant. In reply to the direct question whether the shape of the bathtub made him think of anything, he immediately replied that it made him think of the female genitalia. The appearance of the bathtub in the dream was then shown to the patient to have also the significance of a day's residue, since his physician had just instructed him to take hot sitz-baths, as part of a treatment for a non-specific urethritis and mild chronic prostatitis; sitz baths which he was unable to take, since he only had a shower in his small apartment. It should be added that, some weeks earlier, this shower had been the scene of a violent and successful—unusually successful—lovmaking between the patient and his second cousin, whom he planned to marry as soon as possible, and subsequently did marry.

(c) The big attacking the small. When this aspect of the situation was pointed out to him, the patient spontaneously replied that it obviously represented his father—a gross, huge and fat man—attacking him while he is with his mother. In explanation of this association it should be added that the mother—who is highly seductive—and the son always made a common front against the father, the mother making the son almost an accomplice of her more or less

open liaison with a certain man, and demanding to be made the confidante of her son's quite promiscuous adolescent sexual adventures. In fact, in some subtle ways, the mother manoeuvred the son into the position of a young gigolo, partly supported by money which the mother diverted to that purpose without the knowledge of the father. In offering the association that the big attacking the small in the bathtub meant that he was actually dreaming of his father attacking him—a dream he had had in a less disguised form also on earlier occasions, and which was also the latent content of several waking childhood panics—the patient wondered why he represented his father through his elder cousin. At this point the therapist mentioned to the patient that, somewhat earlier in the hour, the patient himself had stressed that he had always refused to call his uncles and aunts 'uncle' and 'aunt' and, to the great scandal of his conservative and authoritarian family, insisted on calling them simply by their given names, as though they were cousins, rather than uncles and aunts . . . merging generations instead of keeping them apart. For technical reasons no reference was made to the fact that his mother—in treating him like a lover—had, on her part, also minimized the gap between generations and that his second-cousin-and-fiancée had, when only 10 or 11 years old, been intimately caressed and almost seduced by one of her uncles, who, in so doing, also ignored the gap between the generations. The incident involving the patient's fiancée is of some importance. It had worried the patient a great deal when he found out about it, since he rightly felt that this traumatic experience had been responsible for his fiancée's initial inability to achieve an orgasm.

(d) Throwing a large opponent by grasping his ankles was readily seen as a further underscoring of the difference in size between the assailant and the attacked, and was spontaneously associated with the grasping of the cousin's penis.

(e) The concern over the possibility that he might have killed the cousin was apologetically interpreted by the patient as proof that he had not *meant* to kill his assailant. When it was pointed out to him that he had no 'rational' reason for assuming that a mere fall would kill his assailant and that, therefore, the *fear* that he might have killed him meant that he had actually *wished* to kill him and only afterwards felt conscience-stricken about it, the patient spoke angrily of earlier aggressions committed by the

older and bigger cousin. In fact, he suddenly held up one of his hands, pointing to a scar on his palm, which—*before* the penis-pulling episode—had been wounded by this older cousin with a nail, in the course of another rough-housing.² In brief, in a typically 'primitive' failure to differentiate between reality and dream, the patient cited a *genuine* act of aggression as a justification for the *dream* slaying of his cousin.

(f) Position of the fallen: Since the patient is an artist, highly sensitive to movement and positions,³ he was asked to describe carefully the position of the prone figure which he was examining so solicitously. With a marked expression of surprise on his face, the patient stated that the seemingly dead cousin was lying on his back, his thighs somewhat apart, *like a woman preparing to be penetrated by a man, and that he did not seem to have a penis*. At this point the patient was reminded of the nail wielded by his cousin which had inflicted the wound on his palm, of his own spontaneous association to the 'homosexual' significance of a nail being driven in head (glans?) first, and of his justification of the dream-murder in terms of his having been wounded by a nail. This partial interpretation of the dream was readily and genuinely accepted by the patient.

Interpretation of the Dream: Your father having attacked you homosexually while you were near (or inside) your mother, his 'nail', driven in 'head first', even leaving a still perceptible scar on your body, you retaliate by killing and feminizing him. He has no penis and he lies on his back in the position of a woman about to have sexual intercourse.

The validity of the interpretations offered was confirmed in the course of the very next session.

Dream: 'There are very large stools in the flush bowl. They are alive. I cannot quite explain how I knew that they were alive, but the fact that they were alive was quite clear to me in dream. Then, in some manner which I cannot explain, these large stools transferred themselves from the flush bowl to the wash bowl. Also, there were on the floor little bits of stool and—perhaps while transferring themselves from the flush bowl to the wash bowl—

the large stools devoured the small stools.'

Associations: This dream puzzled the patient so much that his first associations consisted largely of attempts to clarify the actual details of the manifest dream. Thus, he grappled in vain with the problem of how he 'knew' that the large stools were alive, with the manner in which they transferred themselves to the wash bowl, and so forth. Next, he explained that the devouring of the small stools by the large ones seemed to be a particularly aggressive act. When it was suggested that the devouring of stools by stools was rather like cannibalism and, specifically, like child cannibalism, the greatly startled patient promptly declared that this interpretation fitted his own feelings perfectly. The patient then said that the large stools were obviously those of a large and adult person; in fact, they were probably the stools of his father, who has a markedly large abdomen. Next, a brief exchange of remarks led him to conclude that the small stools were his own. Asked whether, as a child, he had received enemas, the patient, once more startled, said that he had received many enemas, which he both disliked and dreaded, spontaneously adding that the small bits of excrement, which the large stools devoured, resembled the small fragments of faeces which he used to extrude after being given enemas. When these data were correlated with the fact that the patient had recently had prostatic massages, as part of a diagnostic procedure seeking to determine the cause of his recent urethral discharge, *the patient suddenly remembered that, when he had gonorrhoea during puberty, his prostate had been massaged by his own father, who is a physician*.

Many months later when, in the course of an attempt to elucidate the causes of his unwarranted bouts of jealousy, the patient suddenly began to mention also the positive aspects of his father's personality, he reconsidered his earlier interpretation of the symbolism of the nail which, in the Cocteau film, was being driven head first into wood: 'I told you, when I first spoke of this matter, that this manner of driving in a nail—which, as I realized, symbolizes the penis—seemed to me a kind of

² The wounding of his palm with a metal nail led to associations to a Cocteau film, in which someone tries to drive the flat head, rather than the point, of a nail into some wood... a scene which the patient related quite spontaneously to homosexual impulses. There were also some further associations to this topic, which are, however, not germane to the matter under consideration.

³ It is of the greatest interest for an understanding of

the growth of sublimations that, in the course of only a few months of therapy, there occurred a major change in the patient's drawings of the human body. In his pre-therapy sketches the figures were represented as more than relaxed. They almost seemed to sag and to collapse, as though they were melting snowmen or wax figures. In his later sketches there was a marked sense of muscle tonicity, even in drawings of figures in repose.

"inversion"—i.e., something inverted and therefore homosexual. Yet the head of the penis is the real penetrating tip of that organ, so that, *at least, in so far as the nail represents the penis*, it is not an "inversion" to drive it in head first.' It is extremely significant that this remark was made at a time when his continuous jealousy suddenly abated, as a result of the emergence of certain early, positive, and rather non-pathological feelings toward his previously systematically criticized father.

DISCUSSION

In the article already cited (4), it was pointed out that Laius's doom was explicitly specified by early Greek legends to have been the consequence of his earlier rape of the boy Chrysippus (= Oedipus), and that Laius then repeated this homosexual aggression on his own son by piercing the latter's ankles. In punishment for these two crimes of counter-oedipal ('Laius complex') homosexual aggression, he was eventually slain, symbolically emasculated and homosexually triumphed over by his son Oedipus, who then—according to early Greek versions of the Oedipus myth—raped his mother Jocasta in the presence of the slain Laius' corpse.

In the dream reported in the present paper, the patient—who represents himself in dream as a mere boy—successfully wards off the attempts of his larger and older cousin (= uncle = father) to invade the bathtub (= vulva = sitz-bath = shower = scene of a highly successful and violent love-making with his second cousin, whom he formerly unconsciously equated with his mother). Stressing the David and Goliath element, he upsets the assailant by grabbing his ankles (as he had once grabbed his penis), whereupon the defeated invader seemingly dies and lies on his back, without a penis and in the position of a woman about to be penetrated. The murder, castration (= penis-pulling episode) and homosexual triumph are explicitly justified by the patient by skipping—in a characteristically 'primitive' manner—from dream to reality, and showing the scar his cousin had once inflicted upon him by means of a nail. The explicitly homosexual nature of this earlier attack is strongly underscored by the association that 'driving in a nail head first' (= glans first) has a homosexual meaning.

CONCLUSION

The inference drawn from an analysis of the Oedipus myth, that the oedipal fantasy also involves a homosexual triumph over the feminized

father, and that this homosexual attack upon the father is justified by the earlier homosexual aggressions of the father against the son, is fully supported by the singularly transparent dream of a talented young artist of exotic origin. Moreover, the inference drawn from the Oedipus myth, that the successful resolution of the oedipal ties and conflicts calls, among other things, for a fantasied homosexual triumph over the father, is fully substantiated by the fact that this dream occurred at a point in therapy where the patient's potency with his second-cousin-and-fiancée—which had been originally impaired by his unconscious tendency to equate his girl cousin with his mother—had been completely restored and his ability to love a girl in a mature way, with marriage as an objective, first became manifest.

The immediate reason for the appearance of this dream at this particular time was the disturbing recurrence of the symptoms of a non-specific urethritis and mild chronic prostatitis representing the aftermath of several earlier bouts of gonorrhoea. The symbolization of the oedipal situation by means of cousins (= uncles) is overdetermined: It is due partly to the girl cousin's own oedipal experience with an uncle, partly to the fact that the girl cousin had been formerly equated with the tabooed but seductive mother, and, last but not least, to the fact that the girl cousin's family and the patient's family had an old family feud of considerable bitterness, further complicated by matters of snobbery related to subtle shades of skin colour, so that the patient's courtship was bitterly rejected by the girl's family, which ignored him to the point of refusing to return his greeting in the street. At the time this dream was dreamed, the opposition of the cousin's family became especially offensive and pointed, since it became more and more apparent that the girl would marry the patient, no matter how strongly her family opposed the match.

Methodologically, the present data suggest that the psycho-analytic scrutiny of myths and of other anthropological data can alert the psycho-analyst to the existence of intrapsychic patterns and processes which, sooner or later, he will also meet in a therapeutic context, thus demonstrating the ultimate clinical value of studies of the so-called 'applied psycho-analysis' type (6).

APPENDIX

In order not to be taxed with having overlooked the obvious, brief reference should be

made to the dream detail of tackling a larger opponent by grabbing his *ankles*, after having, in reality, once grabbed his *penis*; a detail which suggests the equation: ankle = penis. What lends especial interest to this equation is the fact that Laius had attacked the *ankles* of his infant son Oedipus, and had caused them to be pierced (nail?), while in the dream just cited, it is young

'Oedipus' who attacks his 'father's' ankles. Further data are needed before one can legitimately suggest that the symbolic equation ankle = penis is—loosely speaking—a 'natural' one, in the sense in which the equation snake = penis is an extremely widespread symbol. The question is simply raised, but cannot be answered in the present state of our knowledge.

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OBITUARY

EDWARD BIBRING

1895-1959

On 11 January, 1959, Dr Edward Bibring died at the age of 64 after a long illness, leaving behind his wife and closest professional collaborator, Dr Grete L. Bibring, and two sons.

Edward Bibring was one of that small group of psycho-analysts in Vienna who were closely associated with Freud in the years following the First World War. Like a number of his friends and colleagues whose contributions and lifework were identified with the main stream of the development of psycho-analysis, his interest in that field followed upon earlier studies in the humanities.

He was born in Stanislav, Austria, and was studying philosophy and history at the University of Czernowitz when the First World War broke out. He immediately volunteered for service, and by 1915 he was fighting on the eastern front, where he was soon taken prisoner. With the revolution in Russia he escaped and made his way back to Austria, where he was granted leave to resume his studies. He then went to Vienna to study medicine.

He developed an interest in psycho-analysis and while still a student at the University of Vienna Medical School in 1920 became formally associated with the Vienna Psycho-analytic Society. In 1927 he became a full member of the Society, and from then on, until the Nazis came, he took an increasingly active and responsible part in its affairs. From 1928 to 1938, he was director of the outpatient department for mental diseases of the Vienna Psycho-analytic Institute. In 1935 he was chosen Honorary Secretary of the Committee on Professional Training of the International Psycho-analytical Association, whose task was the revision and reorganization of training standards. He was appointed co-editor-in-chief of the *Internationale Zeitschrift für Psychoanalyse* in 1935, and in this capacity he collaborated with Freud, the founder and sponsor of the *Zeitschrift*. He continued this activity from London until war conditions made further publication impossible. The courageous way in which Bibring protected the interests of psycho-analysis during those harrowing days of

Nazi terrorism and brutality, even though his own safety was further endangered, is a measure of his personal calibre and integrity. With the turn in political events Bibring, along with Freud and other leading members of the Vienna Society, moved to London in May 1938, accompanied by his family. He was warmly received there, resuming his work, and being immediately appointed to the training staff of the London Psycho-analytic Institute and Clinic and to the Board of Directors of the London Institute. At this time too he became a co-editor-in-chief of the revised German edition of Freud's collected works published in London following the 1938 destruction in Vienna of the essential psycho-analytic publications, including all of Freud's writings.

In February 1941 Bibring went to Boston, where he continued his work as a training analyst and an outstanding lecturer at the Boston Psychoanalytic Institute. For over ten years, until the effects of his illness placed limitations upon him, he was most active in psycho-analytic training, teaching, and research. In 1944, and again in 1949, he was Chairman of the Educational Committee of the Boston Psychoanalytic Institute, and from 1947 to 1949 President of the Boston Psychoanalytic Society. In keeping with his long-time interests and activities towards the establishment of the highest standards of psycho-analytic training, he was Chairman of the Committee on Institutes of the American Psychoanalytic Association for several years, during which time he inaugurated a first approach to a comparative study of educational practices in the various affiliate institutes. He gave expression to his theoretical position that psycho-analysis was a basic general psychology of human behaviour by taking part in the psychiatric research programme at the Beth Israel Hospital, Boston, and also participating in the training of social workers. His uncompromising dedication to psycho-analysis and its principles was evident at all times, especially in the extraordinary way in which he continued his work despite the increasing dis-

comfort of a progressively incapacitating illness which most painfully interfered with his ability to express himself.

Those who knew Bibring will remember his enthusiasm, personal loyalty, high ideals, and breadth of interests. He was interested in archaeology, the arts, and was a bibliophile even before he became an analyst. His scholarly inclinations also encompassed the social sciences and literature. Of the historical figures in the science of psycho-analysis, some used their talent and made their contributions in the area of therapy, some in that of theory. The unique gift which Bibring possessed was that he was at once both a superb clinician and a theoretician of great depth and vision. He was most perceptive clinically, sensitively noting the different features of a case and the proportionate significance of each detail for the main structure of the case and its course psycho-analytically. At the same time he was a philosophical thinker with a lively imagination and gift for the abstract as well as the concrete, for both the scientific and the artistic. Not only was he keenly alert to the theoretical implications of empirical material, but he was pre-eminently an historian and systematizer of psycho-analytic theory, able to trace with the sharpest clarity the development of a given line of theory, and organizing the concepts as they evolved with a succinctness rarely encountered.

His standards were of the highest, and his perfectionism when it came to writing made his published contributions relatively few in number

but exceptional in quality. Outstanding are his papers on the 'Development and Problems of the Theory of the Instincts', in 1941, which remains a classic in its field, his two contributions to the theory of psycho-analytic therapy, 'On the Theory of Therapeutic Results' (1936) and 'Psycho-analysis and Dynamic Psychotherapy' (1953), and his study of 'The Mechanism of Depression' (1952), which may well have developed as a valid theory from the throes of his struggle with a steadily destructive illness. In 1943 he also wrote a careful consideration of 'The Conception of the Repetition Compulsion', and in 1947 a discerning critical analysis of 'The So-called English School of Psycho-analysis'.

Bibring will be remembered not only for the lasting nature of his scientific work and teaching, but also for his fortitude and personal courage in meeting his illness, which none the less unfortunately interrupted further important contributions before they could be brought into a finished state for publication. Gentle and kindly by nature, he was unswervingly faithful to his ideals and principles. Beyond any tangible element which remains to reflect his stature and place in the history of psycho-analysis, is the intangibility of how he affected those who knew him directly as friends and students. He was an inspiration to them, embodying in his scientific outlook and life approach the rich cultural heritage of psycho-analysis. Edward Bibring leaves a place that cannot be filled.

Arthur F. Valenstein, M.D.

DR. HANS LAMPL

1889-1958

Dr Hans Lampl was born in Vienna on 15 October, 1889. While still at the *Gymnasium* he became a friend of Martin, the eldest son of Sigmund Freud, whose house and family he regularly visited. At that time he can hardly have been aware that these personal ties would one day be strengthened by his becoming a psycho-analyst himself. Lampl studied medicine and was awarded his doctor's degree in 1912. He then worked for eight years in collaboration with Dr Landsteiner, well known for his studies on blood-groups. During this period Lampl's interests lay in the field of pathological anatomy, serology, and bacteriology. His psycho-analytic work started in Berlin in 1921. After his training analysis he joined the staff of the Berlin Psycho-Analytic Clinic, finding in that

lively centre of psycho-analysis ample opportunities for making his own contribution to the new science. Nevertheless he did not completely abandon his anatomical work, and for several years he devoted part of his time to experiments with animals, studying the problem of localization of psychological phenomena. In Berlin Lampl met his future wife, Dr Jeanne de Groot, who was also on the staff of the Psycho-Analytic Clinic. They were married in 1925 and shared till his death a happy family life which was particularly marked by their devotion to the development of Freud's work and the psycho-analytic organization. This must have been of special value to both of them, for twice in their lives they had to cope with the necessity of abandoning everything they had built up and

moving to other centres of psycho-analytic activity.

In 1933, when Hitler came to power, they left Germany with their two daughters and established themselves in Vienna, where Lampl took an active part in the work of the Psycho-Analytical Clinic. But this Austrian period, too, was abruptly ended by the Nazis.

In 1938 the family came to Holland, the native land of Mrs J. Lampl-de Groot, and here at last, in spite of the war and the German occupation, Lampl was able to work undisturbed for more than twenty years. In Holland they joined the Dutch Psycho-Analytical Society, and took a very active part in the organization of the training. It was at their home that the first seminars took place in 1943. Together with their Dutch colleagues they laid plans for future training, to be set under way as soon as the war ended. It was largely through Lampl's enthusiasm and his constant efforts that in 1946 sufficient funds were collected for establishing the Dutch Psycho-Analytical Institute, and he was for several years President of its Board.

Dr Lampl's greatest asset was his personality itself. He was a modest man, but a remarkable one. All those who met him will remember his expressive physiognomy—emerging from a white beard—characterized by his intelligent, penetrating eyes, that looked with interest into the world, sometimes with a spark of anger but more often with a twinkle of fun. His ever-ready sense of humour was indeed one of his greatest charms.

Dr Lampl was always active and enterprising; he easily succeeded in inspiring his friends and colleagues. Sometimes the opinions clashed, for he did not like compromise, and he expressed his views frankly without bothering about the effect they might have on others. Matters of principle were for him of foremost importance. But something positive always issued from his criticisms, since they owed their origin to a wish to improve the work to which he had dedicated his life. He

was sincerely convinced of the value of psycho-analysis and tried to serve its ends in whatever way he could, although never by putting himself in front. He disliked the limelight, and was impatient with diplomatic strategy. Lampl was simply just his own self in whatever situation he found himself confronted with. Within the Dutch Psycho-Analytical Society, whose meetings he attended very regularly, he positively enjoyed taking discussions. He would choose a small detail and use it as a starting-point for an exposition of his views on some practical or theoretical problems, bringing forward a wealth of psychological observation and knowledge which his less experienced colleagues found most illuminating.

But beside his work as a psycho-analyst Lampl could find pleasure in many other aspects of life. He liked good food, travel, and experiencing the beauty of antique and classical art in all its forms of expression. His collection of outstanding photographs, made on his travels, forms a visual testimony to his discriminating taste and profound knowledge of history.

Last but not least, Lampl was a great lover of nature. And so one might think it a happy conclusion to this rich and colourful life that he lived to own a beautiful country house, surrounded by an expanse of rather wild grounds amidst the woods of Wapenveld. There he found ample scope for his never-ending love of walking and for all the peace and seclusion he at times desired. Many happy days during his last two years were passed at this place, where his friends always found a warm reception. It was not far from there, while on his way to work, that Lampl met his death in a car accident on the morning of 1 December, 1958.

Although they must grieve at the tragic way in which he was killed, those who loved him are thankful that his death was instantaneous. In him a fine man and a good and wise friend to many has passed away.

M. M. Montessori.

ABSTRACTS

Contents:

The Psychoanalytic Quarterly, 27, 1958, No. 3.

THE PSYCHOANALYTIC QUARTERLY 27, 1958, No. 3

Bruce Buchenholz. 'Models for Pleasure.'

To gather data for the study of the inner experience which people call 'pleasure', a questionnaire was distributed to about 3,000 residents of the United States, differing in age, sex, education, and geographical location. Recipients were asked to 'think of any experience which gave you a lot of pleasure, joy, or delight. Try to put yourself back into the mood you had at the time. What were the inner feelings, the sensations inside, that you felt?'

A sample of the responses was selected and studied in the light of psycho-analytic theory to determine the basic experiential models which served as foundations for the subjective pleasure experiences reported. The basic model was found to be a picture of loving care by the mother, exemplified by the feeding relationship. Other models were ancillary to, derivatives of, developments from, or distortions of this basic model. They included pictures of part or all of the sequence 'to be lifted, held, and fed'; other pictures of bodily care; successful performance of bowel duties; models of sexual stimulation in relation with parent or self; pictures of defiant sexual or aggressive behaviour; and combinations of these.

The various models are directly related to dependency and being fed: as reward for obedience, as punishment by threatened withdrawal, as substitutions of another person or the self for the feeding mother, or as erotization of the alimentary orgasm.

(Author's Summary)

Viggo W. Jensen and Thomas A. Petty. 'The Fantasy of being Rescued in Suicide.'

The attitude and behaviour of the person who attempts suicide express a strong wish not to die. The attempt acts out the fantasy of being rescued. The rescuer is chosen from among those who have the capacity to empathize with the suicidal person at a particular time. In 'borderline' and psychotic individuals the choice may be symbolic and vaguely expressed.

The fantasy is an attempt to restore the original relationship between the primal object and the ego of the suicidal person. The rescuer must have a surplus of free libidinal energy with which to love the suicidal person and initiate the rescue, and sufficient ego strength to deal with the sum of the

suicidal person's and his own destructive impulses. Often a potential rescuer recognizes the appeal to him, but disregards it for lack of these resources.

(Based on Author's Summary).

Henry M. Fox. 'Narcissistic Defences during Pregnancy.'

The author presents a detailed analysis of the series of narcissistic defences marshalled in a subsequent pregnancy by a woman of hysterical character who had become acutely disturbed towards the end of her previous pregnancy. The narcissistic cathexis of her body image was a defence against the urge to allow her body to be completely consumed in maternal surrender, and against other oral-sadistic and masochistic anxieties which the analysis was able to resolve.

Phyllis Greenacre. 'The Impostor.'

The intense maternal attachment to which the future impostor is subjected, as if he were a part of the mother, undermines his sense of a separate self and the development of his own identity. By placing the child in a position of definite superiority to the father—either through the mother's attitude alone, or by fate through the death or desertion of the father—there is set a potentially serious imbalance of the oedipal relationship, the child being able to assume an uncontested supersession of its father. This inevitable intensification of infantile narcissism favours a reliance on omnipotent fantasy in other aspects of self-evaluation to the exclusion of reality testing.

As this child is closer to his mother than to his father, it may be that he identifies with the maternal phallus, thus increasing the whole quality of illusion with which the impostor paradoxically struggles for self-realization.

Greenacre further suggests that vision, and the reflection of oneself from and by others, play a crucial part in early problems of identity. The sexual organization of impostors tends to be polymorphous-perverse, and there is almost no object-relationship.

Ednita P. Bernabeu. 'Underlying Ego Mechanisms in Delinquency.'

Delinquency should be considered as a symptom and not as a disease entity. It may be a manifestation of every kind of psychopathology. None the less delinquent acts which get their authors into trouble represent a failure of reality testing, and

certain common features in the psychology of the delinquent may be formulated.

The vicissitudes of the strivings for dependency play an important role. The delinquent, because of his experience, and by projection, sees the world as hostile. Never able to give up his fantasy of omnipotence, which he regards as his only safeguard, he has not delegated omnipotence to parental figures or their substitutes. His dependency-needs are intense, but are felt as a threat against which he defends himself by reversal and projection in the formula: 'I do not need you or depend on you or love you; I am omnipotent; I hate you. You, the adult, are malevolent, so I can fight you without guilt.' Action has become a means of evasion of reality rather than of adaptation to it. External controls are not internalized, and their validity is denied in a way that interferes with reality testing. Psychosis may thus be simulated; in this state aggression or other acting out is substituted for psychic symptoms or secondary elaborations.

This acting out causes a continuing lack of socialization and therefore of opportunity for development of the various ego functions.

(Based on Author's Summary)

Wilbur Jarvis. 'When I Grow Big and You Grow Little.'

The child's fantasy 'When I grow big and you grow little' also exists in the reverse form. The

parent may fear growing little and being looked after by his child. When this happens it is because the child has been endowed with the characteristics of the parent's parent in childhood. These amalgams of identity result in transient feelings of confusion.

Joseph William Slap. 'The Genesis of Moses.'

The author regards the story in Exodus of the Levite couple who were Moses's parents as a dream. The dreamer is represented by the sister who stood and watched the discovery of the child, and who must therefore, if Freud is correct about Moses's origin, have been Pharaoh's daughter. Since the ark is a symbol for the uterus, the three months' growth of the child represents intra-uterine, not extra-uterine life, so that the discovery of the child represents the small girl's recognition of her mother's pregnancy.

Moses Naftalin. 'Footnote to the Genesis of Moses.'

Naftalin draws attention to Freud's translation of the Hebrew *ruach* (spirit, breath) in and Moses Monotheism as 'smoke'. This error must be due to Freud's confusion of *ruach* with the German *Rauch*. Naftalin points out that smoke was, as is well known, almost 'the breath of life'—and death—to Freud.

John Klauber.

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REPORT ON THE 21ST INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS HELD IN COPENHAGEN, JULY, 1959

1. INTRODUCTION

The Twenty-first International Psycho-Analytical Congress took place in Copenhagen, under the auspices of the Danish Psycho-Analytical Society. It was held in Falkonercentret, a beautiful new conference hall, and the International Psycho-Analytical Association was the first scientific organization to use the centre. It provided a most pleasant and convenient setting for the Congress.

On Sunday evening, 26 July, the Municipality of Copenhagen gave a reception to all members of the Congress at the Radhus. Members were graciously received by Advocat Mrs Edel Saunte and most liberally entertained with unforgettable hospitality.

On the Tuesday, the Congress Dinner took place at Restaurant Wivex, and following this members were able to dance and to visit the beautiful Tivoli Gardens.

On the Wednesday, excursions were arranged, and in the afternoon the members of the Central Executive and Programme Committee were invited by Dr and Mrs Thorkil Vanggaard and the Danish Psycho-Analytical Society to tea at a lovely farm, north of Copenhagen, following a visit to Elsinore Castle.

On Wednesday evening, Princess Marie Bonaparte graciously entertained 200 members of the Congress at her beautiful family house, 'Lille Bernstorff', just outside Copenhagen.

On Monday evening some informal groups called Technical At Homes were held, during which members of the Congress had the opportunity of discussions with the following members of the International Psycho-Analytical Association: Dr K. R. Eissler, Dr C. Fisher, Miss Freud, Dr Hartmann, Mrs Klein, Dr Lantos, Dr Winnicott.

On Wednesday evening, groups met to discuss informally the following topics: *Child Analysis; The Running of Psycho-Analytic Clinics (Institutes); Delinquency; Psychosomatic Illnesses.*

The number of people attending this Congress reached a new record; 920 registered for the Congress, of whom 500 were Members or Associate Members of Component and Affiliate Societies, the rest being students and guests.

2. OPENING ADDRESS BY THE PRESIDENT, DR WILLIAM H. GILLESPIE

Ladies and Gentlemen: In calling to order this Twenty-first International Psycho-Analytical Congress, I will begin by observing that this is the first time we have held our Congress in one of the Scandinavian countries; I am sure it will not be the last. Like Great Britain, Scandinavia stands in a peripheral relationship to the main continent of Europe and so has often tended to escape the worst

and most devastating effects of the hot and cold wars which have disrupted the continent in our century, and have so often had an adverse effect on the development of psycho-analysis. Naturally, therefore, one looks with hope to these Scandinavian countries, and it is very heartening that the young Danish Society has felt sufficiently secure and well-established to invite us to hold our Congress in this beautiful and celebrated capital city of Copenhagen. Besides being famous for many other things, it is a favourite site for international congresses, many of them much larger than ours. It is for this reason, I suppose, together with the enterprising genius of its lively people, that Copenhagen has recently come to possess Falkonercentret in which we are meeting. It has been specially designed for such purposes as ours, and you will be interested to know that this is the first scientific congress to use it. I hope it will prove as well suited to our needs as it appears to be. I am sure you will all wish me to pay tribute at this initial stage of the Congress to the great courage of the small group of Danish analysts, led by Dr Thorkil Vanggaard, and most ably assisted by Mrs Philipson, for the magnificent way in which he and they have organized this Congress. May I borrow a famous phrase, and say: 'Never (in the history of our Congresses) was so much owed by so many to so few.'

I have been speaking of the present and of the bright future which it promises. It is fitting that we should now turn our thoughts for a while to the past of the International Association, for since we last met in Paris, we have suffered the grievous loss of our Honorary President, Ernest Jones, the man who did more than any other to shape, preserve, and guide our Association. He was, in fact, actively concerned with it from its inception up to the time of his death last year. He presided over the Congresses at The Hague, Berlin, Salzburg, Lucerne, Marienbad, Paris, and Zurich, being President from 1920 to 1924 and from 1932 to 1949, when he laid down his office at Zurich and, with tremendous acclamation, was made our Honorary President.

Following this, he continued to participate in all the activities of the Central Executive, and attended the subsequent Congresses at Amsterdam, London, Geneva, and Paris, where he was a universally honoured figure. In addition to all this, and in spite of his increasing physical disabilities, in 1956 he took a very prominent part in the celebrations in various parts of the world of the centenary of Freud's birth. Particularly noteworthy was his trip to the United States at this time, and the series of addresses he gave there, which were later published in book form. I was privileged to be present in Chicago on the occasion of his address to the American Psycho-

analytic Association, and I can testify to the tremendously warm and enthusiastic reception that was given him.

It is widely felt that the crowning achievement of Ernest Jones's career was the publication of his three-volume biography of Freud, written during his semi-retirement in his beautiful home in the English countryside. It was a race against time, and we must be very grateful that he was able to complete his great task before his final illness and death. The autobiography, which he had laid aside in order to devote himself to his work on Freud, could unfortunately not be completed by him. The excerpts which some of us have been privileged to hear make one eager for its publication.

A great and many-sided career has come to an end ; one which to a quite unusual degree was rounded off and complete, so that our mourning for him is untinged with regrets.

I will ask you now to rise in silent homage to the memory of Ernest Jones.

* * *

Some other remarks that I would like to address to you this morning are also closely related to the work of Ernest Jones for the International Association. In the British Society Jones gave a shining example of how a balance may be struck between conservatism and radicalism, preserving tradition yet at the same time fostering new ideas which to many appeared almost revolutionary. Even Jones, I think, sometimes found it difficult to hold this balance. It is a task that still faces us, both locally and internationally, for psycho-analysis must be a growing science if it is to remain a live one. I should like to refer to a few of the more obvious dangers which threaten it. First, the danger of fossilization and undue rigidity, leading to an inhibition of development because of the fear that it may be development *away* from psycho-analysis. The handing-down of the psycho-analytic tradition should not be allowed to become a domination by the older generation and a total incorporation of them by the younger—a tendency that can sometimes be observed.

An entirely different danger is associated with the wider dissemination of psycho-analytic knowledge and its very legitimate application in psycho-analytically orientated psychotherapy. Although Freud was explicitly aware that the benefits of analysis could be extended to the vast numbers needing its help only by alloying the pure gold of analysis with baser metals, we must take care not to let this lead us to an abandonment of the gold standard, to a debasement of our psycho-analytic currency.

Developments and new discoveries, excellent in themselves and indispensable for the continued growth of our science, may occasionally constitute a peril if they lead to such intoxicating enthusiasm

that other essential parts of analysis become thereby neglected or despised.

All these dangers are familiar and I do not wish to labour them. However, it may be worth while to consider for a few moments the actual and potential functions of the International Association and how it can be most useful at the present stage of psycho-analytic development. Its more obvious current activities comprise, first, the organizing of International Congresses ; secondly, the recognition of new Component Societies and Study Groups ; thirdly, in exceptional cases, the decision to confer the status of 'member at large' ; fourthly, the attempt to resolve conflicts that arise occasionally between different groups in various countries. In this last area, it is fully recognized that it is for Component Societies to regulate their own affairs ; in general the International Association takes action only when an appeal is made to it by one or other party to a dispute.

An examination of the activities of the Association in the past, that is, before the Second World War, makes it clear that it attempted to exercise a considerable degree of control over training in the various Component Societies. Here again we find Ernest Jones playing a leading role. He was Chairman of a sub-committee appointed by the Oxford Congress in 1929 to draw up Regulations for the Admission and Training of Candidates ; he read its Report to the International Training Commission at Wiesbaden in 1932, and these recommendations were endorsed by the Congress and have constituted the basis of our international standards since then. However, at the Paris Congress in 1938 our United States colleagues informed the International Association that they wished to set up their own organization for the supervision of training in North America, independently of the International. The onset of war prevented the international discussion of this project ; the Americans went ahead and, as we all know, they have developed a highly organized system of training standards and machinery for their enforcement, certainly a great deal more elaborate and strict than anything the International Association ever attempted. Since then analysis has spread rapidly in the western hemisphere, leaving only a handful of fully active societies on this side of the Atlantic ; the effect has been a tacit abandonment on the part of the International of the work formerly undertaken by the International Training Commission, except in so far as in the United States this has been delegated to the American Association who have continued this work. At the London Congress there was a meeting of representatives of the European Training Committees ; but any project to work out from this a common policy of minimal standards met with difficulties, chiefly due to the wide discrepancies that emerged between the older and more firmly established societies, and those which were still struggling against immense

difficulties. There are two further obstacles in the way of Europe's following the example of the United States : one is that we have no common language, even if English is very widely understood ; the other is financial. The annual dues of the American Association are vastly greater than those of the International. I have no doubt that in addition to this the analysts who are active in the control of training and in examining the credentials of candidates for membership of the American Association must make great personal sacrifices in order to give this service to psycho-analysis. However, the project of a European international training committee has been raised again recently and it will be discussed on Wednesday, outside the programme of this Congress. Hence the main way in which the International Association now contributes to keeping up analytic training standards is by the scrutiny of the fitness to train of new groups which are aspiring to the status of Component Societies. No doubt this could be done more efficiently if officers of the International could more often visit the areas concerned and form first-hand impressions, but this is seldom possible, and again the financial factor has to be remembered. Last year an invitation to a medico-psychological congress in Rio gave me the opportunity to meet many of our colleagues in South America, and I think this was very valuable ; but such chances are still fortuitous. Let us hope that they will be more frequent in the future. The Central Executive yesterday discussed various possibilities for improving our methods of dealing with the problems of recognition of new Societies and Groups.

Turning now to the present, I should like to make a few comments about this Congress which is now beginning.

Many of you will remember that at our last Congress, in Paris, a number of opinions were expressed about the form of our Congresses. It became clear that many of these opinions were critical, and that some of our members felt discontented, particularly with the opportunities for discussion which our previous Congresses have provided. Undoubtedly many people who would like to speak from the floor are unable to do so because of the limited time available.

I think one can distinguish two important, and quite different, reasons for this state of affairs. The first is connected with the history of our Association and the traditions set up at the early Congresses that papers read were not discussed in public at the time of their presentation. The second factor is the steady increase in the number of analysts attending our Congresses ; it is obvious that in a meeting of several hundred people there is time for only a small percentage to present their views, even briefly ; and some of us find it difficult to be brief.

However, at Paris it was agreed that at the next Congress an attempt would be made to meet this demand for more opportunity for discussion. In

particular, it was decided that we should give a fair trial to a plan that was put forward mainly by a number of French colleagues ; this was to hold a discussion on a paper which would be previously published, if possible in all four official languages. The author would give only a brief introduction to his paper, thus leaving most of the time for other panel contributors, and for discussion from the floor. This plan has been carried out by the Programme Committee under the leadership of Dr Willi Hoffer and Dr Paula Heimann, and it will be put into effect on Tuesday morning, with a panel discussion of Dr de Saussure's paper, *The Metapsychology of Pleasure*.

The Programme Committee has also tried to facilitate the reading of the maximum number of papers by using to the full the possibilities of Falkonercentret, that is, by arranging five simultaneous sessions for the reading of individual papers, as well as for simultaneous symposia. Like most good things, this has, of course, its disadvantages ; it increases the probability of members finding themselves torn two or more ways by the embarrassment of choice, and also we run the risk that some speakers may find themselves addressing a very small audience. The dilemma seems inescapable. The Programme Committee took the view that in the past papers had tended to be too short, and that too many had been read together without a break at one sitting, leading to fatigue and dissatisfaction. In the present programme, thirty-five minutes have been allowed for each speaker in the simultaneous sessions, some minutes of which may be left for discussion if the speaker wishes ; and only two papers will be read at one stretch, with a short interval before the next two.

Another innovation this year is, I believe, in the tradition of the early Congresses ; although there was no immediate discussion of the papers read, one understands that there was much informal discussion *after* the meetings, over food and drink. This tradition is being revived in the form of what we have called 'Technical At Homes'—after-dinner semi-social meetings for discussion around certain themes or personalities, which are designed at the same time to take the place of some of the private entertaining which is possible only in countries with fairly large Societies.

Finally, and I hope we shall be credited with being very up-to-date in this, we are providing a feed-back mechanism in the form of a meeting at the end of the Congress for its evaluation. We hope, and do not doubt, that opinions will be expressed very freely at this meeting ; but in this connexion I should like to say that the discussion must not be considered to bind, but rather to stimulate those who will be charged with the planning of the next Congress ; they must be allowed to use their own judgement in the attempt to reconcile the ideal and the practical. Perhaps I may quote one example of what I have in mind. The Central Executive felt that they were

bound this year by promises made at Paris to provide simultaneous interpretation into and out of all four official languages. We did not know in Paris just how expensive this would be. Even though we have confined the interpretation to meetings held in this plenary hall, the cost still amounts to \$4000 (in addition to \$1500 we pay for the hire of equipment and installation). Hence, I think we must devise some more economical way of providing the service that is really needed, and that is what we should have done for this Congress had it not been for the promise given in Paris. We have tried to assess what is needed by asking you to answer on your registration forms some questions relating to the languages you understand and speak.

Finally, a word about nomination procedure for the election of officers. This has not always been quite clear in the past. The Central Executive has therefore decided on the following procedure. Nominations may be put forward by a Nominating Committee appointed by the Central Executive to make nominations on its behalf; and also by a Proposer and Seconder who are Members of the I.P.A. The consent of a nominee must be obtained in writing before a nomination becomes valid. Candidates may be nominated for more than one office, e.g. President and Vice-President. All valid nominations will be posted on the Central Executive's notice board as they are received. The nominations of the Nominating Committee will be posted on this notice board by 6 p.m. on Monday, 27 July. In order to allow time for ballot papers to be prepared and so that members will have an opportunity to discuss and consider the merits of various candidates, the nomination lists will be closed at 6 p.m. on Tuesday, the evening before the Business Meeting. All nominations should be in the hands of the Hon. Secretary or have been handed in at the Congress Office by that time. Nominations will not be accepted from the floor at the Business Meeting. After this morning's sessions copies of the Agenda for the Business Meeting will be available at the Congress Office for Members of the Association, together with copies of the nomination and voting procedures which I have just summarized. (*Appendix I*.)

The Central Executive has appointed the following members to constitute a Nominating Committee: Jacob Arlow (New York); Heinz Hartmann (New York); Serge Lebovici (Paris); P. J. van der Leeuw (Amsterdam); Donald Winnicott (London).

And now I will bring these introductory remarks to a close, and wish you all a rewarding and enjoyable Congress.

3. PROGRAMME OF THE CONGRESS

Sunday, 26 July

10 a.m.-5 p.m.: Registration at the Congress Hall, Falkonercentret, 9 Falkonerallé.

Scientific Programme

Monday, 27 July

Morning: Plenary Session: Chairman: Thorkil Vangaard (Copenhagen).

Opening Remarks by W. H. Gillespie, President I.P.A.

Marie Bonaparte (Paris): 'Vitalisme et Psychosomatique.'

S. Nacht and V. Viderman (Paris): 'Du Monde pré-objectal dans la relation transferenceielle.'

Morning: Plenary Session: Chairman: Heinz Hartmann (New York).

Jeanne Lampl-de Groot (Amsterdam): 'On Adolescence.'

Melanie Klein (London): 'On the Sense of Loneliness.'

Monday Afternoon: Simultaneous Sessions in Five Sections: (Simultaneous Translation in Main Hall only).

(i) *Chairman: Maxwell Gitelson (Chicago).*

Jacob A. Arlow (New York): 'The Concept of Regression.'

Ralph R. Greenson (Los Angeles): 'Empathy and its Vicissitudes.'

(ii) *Chairman: Lois Munro (London).*

Herbert Rosenfeld (London): 'On Drug Addiction.'

Betty Joseph (London): 'Some Characteristics of the Psychopathic Personality.'

(iii) *Chairman: Lothair H. Rubinstein (London).*

David Beres (New York): 'Perception, Imagination and Reality.'

Annie Reich (New York): 'Further Considerations on Counter-Transference.'

(iv) *Chairman: Jean Favreau (Paris).*

Maurice Bénassy (Paris): 'Fantasme et réalité dans le transfert.'

Michel Fain and Pierre Marty (Paris): 'Le Fonctionnement synthétique de la pulsion homosexuelle au cours des traitements psychanalytiques d'adultes.'

(v) *Chairman: Ruth S. Eissler (New York).*

Augusta Bonnard (London): 'The Primal Significance of the Tongue in Normal and Aberrant Conditions.'

M. Masud R. Khan (London): 'Affects and Technique.'

Monday Afternoon: Simultaneous Sessions in Five Sections.

(i) *Chairman: Robert C. Bak (New York).*

Douglas D. Bond (Cleveland): 'Anorexia Nervosa.'

Max Schur (New York): 'Affect and Structure Formation.'

(ii) *Chairman: Edith Weigert (Chevy Chase).*

Arnaldo Rascovsky (Buenos Aires): 'Fetal Psychism.'

Elliot Jaques (London): 'Disturbances in the Capacity to Work.'

(iii) *Chairman*: Angel Garma (Buenos Aires).

James Alexander (Chicago): 'The Psychology of Bitterness.'

Meyer A. Zeligs (San Francisco): 'The Role of Silence in Transference, Counter-Transference, and the Psycho-Analytic Process.'

(iv) *Chairman*: Gerhart Scheunert (Berlin).

Paul Parin (Zurich): 'Die Abwehrmechanismen der Psychopathen.'

Hans Aufreiter (Montreal): 'Psycho-Analysis and Consciousness.'

(v) *Chairman*: M. C. Mackenzie-van de Noordaa (Amsterdam).

Andrew Peto (New York): 'On the Transient Disintegrative Effect of Interpretation.'

Margaret Little (London): 'On Basic Unity.'

Monday Evening: Technical 'At Homes'.

Tuesday, 28 July

Morning: Plenary Session: Chairman: Serge Lebovici (Paris): General Discussion on a Pre-published Paper*: 'The Metapsychology of Pleasure', by Raymond de Saussure (Geneva).

Continuation of Discussion from the floor.

Tuesday Afternoon: Simultaneous Symposia in Four Sections (Simultaneous Translation in Main Hall only).

(i) *Chairman*: W. Clifford Scott (Montreal).

Symposium: 'Psycho-Analysis and the Disturbances of the Digestive Tract.'

Main Speakers: Franz Alexander (Los Angeles); Angel Garma (Buenos Aires); Melitta Sperling (New York).

Discussion from the floor.

(ii) *Chairman*: J. D. Sutherland (London).

Symposium: 'Psycho-Analysis and Ethology.'

Main Speakers: John Bowlby (London); I. Charles Kaufman (Boston); Charles W. Tidd (Los Angeles).

Discussion from the floor.

(iii) *Chairman*: Grete L. Bibring (Boston).

Symposium: 'Entwicklungen im therapeutischen Anwendungsgebiet der Psycho-analyse.'

Opened by Anna Freud and Barbara Lantos (London).

Main Speakers: Kurt R. Eissler (New York); Wilhelm Solms-Rödelheim (Vienna).

Discussion from the floor.

(iv) *Chairman*: D. W. Winnicott (London).

Symposium: 'Psychotic Object Relationships.'

Main Speakers: Decio S. de Souza (Rio de Janeiro); René Diatkine (Paris); Serge Lebovici (Paris); Margaret S. Mahler (New York).

Discussion from the floor.

Wednesday, 29 July

Morning: Business Meeting of the International Psycho-Analytical Association (For Members and Associate Members of the I.P.A. only).

Wednesday Evening: Technical 'At Homes'.

Thursday, 30 July

Morning: Simultaneous Sessions in Five Sections (Simultaneous Translation in Main Hall only).

(i) *Chairman*: Niels Haak (Sweden).

Niels Nielsen (Sweden): 'Value Judgement in Psycho-Analysis.'

C. W. Tidd (Los Angeles): 'The Use of Psycho-Analytical Concepts in Medical Education.'

(ii) *Chairman*: H. Winnik (Jerusalem).

Maurice Katan (Cleveland): 'Dream and Psychosis.'

Martin James (London): 'Observations of Defensive Ego-Formations. Constitution. Accessibility for Psycho-Analysis.'

(iii) *Chairman*: Wilhelm Solms-Rödelheim (Vienna)
Joseph Sandler (London): 'The Background of Safety.'

Leo A. Spiegel (New York): 'The Self, the Sense of Self and Perception.'

(iv) *Chairman*: Paula Heimann (London).

P. J. van der Leeuw (Amsterdam): 'Aspects of Clinical Contribution to the Problem of Early Deprivation.'

(v) *Chairman*: Lawrence J. Friedman (Los Angeles).
Samuel Ritvo and Albert J. Solnit (New Haven): 'The Relationship of Early Ego Identification to Superego Formation.'

Edith Weigert (Chevy Chase): 'Manic Depressive Mood Swings in Søren Kierkegaard.'

Thursday Morning: Plenary Session. Chairman: Elizabeth R. Zetzel (Boston).

Symposium: 'Depressive Illness.' Introduction by the Chairman.

Main Speakers: Sacha Nacht and P. C. Racamier (Paris); W. Clifford Scott (Montreal).

Thursday Afternoon: Plenary Session. Chairman: Elizabeth R. Zetzel (Boston).

Continuation of Symposium on 'Depressive Illness.'

Discussion from the floor.

Thursday Afternoon: Plenary Session. Chairman: William H. Gillespie, President of the I.P.A.

Discussion: 'Evaluation of the Congress.'

4. REPORT OF THE BUSINESS PROCEEDINGS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

(a) EDITORIAL NOTE

The provisional agenda for the Business Meeting was circulated to all Component and Affiliate

* Published in *Revue française de psychanalyse* 22, 6, 1958, and *International Journal of Psycho-Analysis*, 40, 2, 1959.

Societies before the Congress, but it was not until after the Central Executive had met, on the Sunday before the opening of the Congress, that it was possible to compile the *final* agenda. As agreed at Paris, this agenda was then made available on Monday to all members of the International Psycho-Analytical Association who attended the Congress.

An innovation is the inclusion in an appendix to this Report of a statement of our accounts for the two years. I have also summarized some of the factual information which was submitted by Component and Affiliate Societies for the President's Report; this information includes figures showing the growth of membership and number of scientific meetings held during the years 1957-59. Information concerning research projects, etc., which was also given in these Reports, is being published in this Bulletin in the Report of Scientific Activities of Societies.

In the past, comments and suggestions concerning the form and content of our Congresses were made at Business Meetings. Since at the Copenhagen Congress it was decided to devote a whole session to this topic, it seemed appropriate to include in these proceedings the tape-recording of this Congress Evaluation Session. This discussion has since been followed up by a questionnaire which has been sent round to the Secretaries of all the Component and Affiliate Societies to elicit further comments and suggestions.

(b) AGENDA FOR THE BUSINESS

MEETING HELD ON WEDNESDAY, 29 JULY, 1959

1. Acceptance of report on last Business Meeting at Paris Congress.
2. Names of Members and Associate Members of I.P.A. who have died since last Congress.
3. Report from Central Executive.
4. Reports on Activities of Component Societies.
5. Application for Component Society status: (a) Rio de Janeiro Study Group; (b) Uruguay Study Group; (c) Luso-Spanish Study Group; (d) La Société Française.
6. Proposed Changes of Statutes.
 - (i) That Article V of the Statutes be amended by the addition of the following sentence: 'Any member of a Component Society who has been excused the subscription to his own Society on account of length of membership or age, will also be excused payment of dues to the Association.'
 - (ii) That Article VIII, Paragraph (a), of the Statutes be amended by the addition of the following sentence: 'In addition, the outgoing President shall be a member of the Council for the two years following the termination of his Presidency.'
 - (iii) That an additional paragraph be added to Statute VIII, to read as follows: (d) 'Congress may, on the recommendation of the

Central Executive, elect an Honorary President and one or more Honorary Vice-Presidents to hold office for life. Such honorary officers shall be honorary members of the Central Executive, without voting powers.'

7. Consideration of the following resolution together with recommendation from Executive: 'That Heinz Hartmann be nominated by the Central Executive to the position of Honorary President of the Association and that this nomination be voted on at the Twenty-First Congress by Members of the Congress.'
8. Treasurer's Report.
9. Freud Archives Report.
10. Proposal by Dr W. R. Bion and Mr R. Money-Kyrle that the International Psycho-Analytical Association institute a Sigmund Freud Prize.
11. Site and Date of next Congress.
12. Elections of President, Vice-Presidents, Treasurer, and Secretary.
13. Votes of thanks.

(c) PROCEEDINGS OF THE BUSINESS MEETING OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

Wednesday, 28 July. Morning. Chairman: Dr W. H. Gillespie.

Chairman: Ladies and Gentlemen: I now call this Business Meeting to order. Before we pass on to today's business, may I enquire whether there are any comments on the report of our last Business Meeting in Paris in 1957, published in the 113th Bulletin. If there are no comments, then I assume that the Report is accepted by this meeting. Thank you.

Our first and painful duty is to note the names of the Members and Associate Members of the International Psycho-Analytical Association who have died since our last Congress. I shall read you now the list as supplied by our Component Societies. From the American Psychoanalytic Association: Edward Hitschmann, Sophia Mirviss, Charles Otchin, Abraham Fabian, Philip Lehrman, Lewis Hill, Sylvia Allen, Emil Oberholzer, Sidney Klein, Adolph Stern, Minna Emch, Irving Sands, Emil Froelicher, Clara Thompson, Leo Berman, Edward Bibring, Leonard Blumgart, Edward Reede, and Ernest Jones, who was an Honorary Member.

From the Belgian Society: Fernand Lechat.

From the British Society: Cyril Wilson, Maida Hall, Ernest Jones, Oscar Friedmann.

From the Dutch Society: Hans Lampl.

From the German Society: Carl Müller-Braunschweig, Gerhard Ruffler.

From the Swiss Society: Maurice Emery, Christine Olden, Hans Christoffel.

From the Viennese Society: Felix Schottländer, Alfred von Winterstein.

I will ask you now to stand in honour of the colleagues we have lost by death. Thank you.

Report of the Central Executive

The next item on our agenda is the report from the Central Executive which I will now communicate to you. At our meeting we discussed various problems that have arisen in relation to some of the Statutes. These have not been extensively revised since Dr Jones drafted them in 1949. It was felt that it might be useful to set up a working party or committee to consider the Statutes and make recommendations to the Central Executive concerning any revision that seems to be called for. As you will have noticed, some changes in the Statutes are in fact being proposed today. We have had the statutory period of at least 28 days' notice of these proposed changes. They are concerned mainly with regularizing decisions which have already been made by previous Congresses; for instance, it is proposed to have a new Statute authorizing the appointment of an honorary president and one or more honorary vice-presidents, appointments which we have actually made in the past but without statutory authority. Since these are permanent appointments, not subject to re-election at successive Congresses, it seems proper to follow the precedent set up in this matter by Dr Ernest Jones when Honorary President, namely that such honorary officers, whilst contributing very valuably to the deliberations of the Central Executive, should not have voting powers on the Executive. That means, of course, only on the Executive; they have voting powers as members, naturally, in the Business Meeting.

The Central Executive also discussed extensively the question of the criteria we should use in deciding on the recognition of new Study Groups and Component Societies. Such decisions cannot be based merely on a counting of heads and on the application of rules of thumb, although it is useful to have certain minimal requirements as a preliminary yard-stick. But there are also very important, imponderable factors to be considered, and the Central Executive is of the opinion that it may be advisable in some cases to appoint representatives to visit the country in question to carry out enquiries on the spot, and to report back to the Central Executive. We felt that such visits might well have an important constructive value in helping new groups to formulate their plans for training. This will involve financial expenditure which cannot reasonably be borne by the representatives themselves, but should be met by the Association, possibly with some assistance from the local groups. It is therefore possible, or probable I should say, that the Central Executive may ask for an increase in dues in order to implement these plans, but we are not asking for any increase just now.

Finally we discussed the procedure for the conduct of this Business Meeting, and you have all received a memorandum concerning the interim plans that we have made for this (see Appendix I, page 189).

Reports on Activities of Component Societies

We pass on now to the reports we have received from our Component Societies. It will be possible to touch on only a few of the matters that have been reported to us (see Appendix II). The American Psychoanalytic Association, by far the largest of our Component Societies, continues to add to the number of its members, which has increased by 52 to the figure of 807. Their main research project has been a very thorough survey on psycho-analytic education carried out by Dr Bertrand Lewin and Miss Helen Ross. There are now 19 Affiliate Societies of the American Association. Since our last Congress, the Cleveland Society and the Seattle Society have been added to the list. The Boston Society and Institute have been engaged on numerous research and other projects, as have the Chicago Institute and the New York Institute. The Psychoanalytic Association of New York reports a remarkable increase in membership from 25 in 1957 to 45. The Society for Psychoanalytic Medicine of Southern California is carrying out a number of clinical research projects. The Philadelphia Association has undertaken a reorganization of the Institute with division of the work amongst various directors and committees.

The Canadian Society, which became a Component Society at our last Congress, began its first courses of lectures and seminars in April, 1959, and has 11 students in training.

The Mexican Association, likewise admitted to Component Society status at our last Congress, is also actively engaged in training, with 17 students, besides a social research and publication programme.

Passing to South America, the Argentine Association is still undergoing rapid expansion; with rather more than 60 members and associates, they have 82 students in training. Their members have taken an active part in several Congresses, including, of course, the second Latin-American Psychoanalytic Congress in São Paulo last year. Several scientific groups are at work on such subjects as psychosomatic medicine, technical problems, etc. New rules were approved for the Institute.

The Brazilian Society in São Paulo were the hosts for the second Latin-American Psychoanalytic Congress which I was privileged to attend. The training programme there is also active with 21 students. A training institute affiliated with the Society was constituted this year. As you know, a Study Group in Rio de Janeiro was recognized by us in Paris under the sponsorship of the Brazilian Society. In addition, we have an independent Component Society in Rio de Janeiro, which, with 14 members and associates, has 27 students. The training has been supplemented by lectures and supervision work by analysts from the Argentine. The Society has participated in numerous congresses, including the Latin-American one in São Paulo. A Policlinic has been started where much of the work is done in groups. Students who have completed their training

in the methods of individual psycho-analysis are also given the opportunity of experience in group analysis. The third Latin-American Psychoanalytic Congress will be held in Santiago in January 1960, under the patronage of the Chilean Society. Their membership appears to have diminished, with four full members and three associates, but the number of students has risen from 19 to 26.

I now turn to the European Societies. The Belgian Association with 11 members and associates has 17 students and has held several meetings and seminars. The 20ème Congrès des Psychanalystes de Langues Romanes was held in Brussels last year under the auspices of the Paris Society, with which there is a close relationship.

The British Society is undertaking an important expansion of its child department, and building is to start this summer. The number of students has risen from 57 to 77.

The Dutch Society has established the 'Foundation Psycho-Analytic Funds', which aim to offer extra financial help to the activities of the Institute so as to enable a larger social group to profit by them through training, treatment and research.

The German Society reports an increase in the number of full members to 18; there are also 18 associate members, and an increase in the number of students. The Society took an active part in the meetings in Hamburg organized by the members there, and attended by English, Swedish, and Swiss analysts, as well as in the meeting of German-speaking analysts in Salzburg.

The Italian Society reports the holding of a considerable number of scientific meetings. The satisfactory integration of the Society, however, continues to be a problem, partly for reasons of geographical separation, partly because certain differences of opinion and of approach to training continue to exist.

The Paris Society reports a large increase in the number of students, from 83 to 144. It was under the auspices of the Paris Society that the Congrès des Psychanalystes de Langues Romanes was held in Brussels in February, 1958. A Séminaire de Perfectionnement was held in May, 1958, intended especially for more isolated students and analysts, and another such seminar will be held this autumn. Members of the Paris Society have played an important part in the training of the Luso-Spanish Study Group in collaboration with members of the Swiss Society which is the sponsoring society.

The Swiss Society reports also steady continuation of its regular work.

The Viennese Society celebrated its 50th anniversary on 15 April, 1958. In addition to the appropriate festivities, a meeting of training analysts from Switzerland, Germany, Holland, Yugoslavia, and Austria was held, at which a central European scientific training week was decided on, to begin in Spring, 1959.

Passing to Asia, we hear from the Israel Society

of a change in policy in that applicants for training who do not possess a medical degree are accepted only for practice with children and adolescents. The Society has 16 members, 9 associates, and 28 students.

The Japanese Society has 32 members, 9 associates, and 4 students. The Society has held a symposium about the special problems of training in Japan. The Japanese Society as a Component Society of the I.P.A. has been officially separated from the Japanese Psycho-Analytical Association, a large organization, which contains many members who are not trained psycho-analysts.

No reports were received from a small number of our Component Societies in response to our enquiries.

Applications for Recognition as Component Societies

We come now to consider the applications which we have received for the recognition of new Component Societies. You will see the list of them on your agenda. First, we have an application from the Rio de Janeiro Study Group which is under the sponsorship of the Brazilian Psychoanalytic Society of São Paulo. The sponsoring society recommends that we should confer independent status on this group. The Central Executive supports this recommendation and proposes to you to accept this group as a new Component Society. Unless anyone wishes to discuss this matter we will proceed now to a vote by cards. I will read you the list of the persons we have appointed as tellers for the elections. Dr Bowlby of London, Dr Lois Munro of London, Dr Lebovici of Paris, Dr Vanggaard of Denmark, Dr Murray of the American Association, Dr Zetzel of the American Association. Will you please vote by showing your blue voting cards.—The proposal of the Central Executive is accepted unanimously. I welcome this new Component Society into our Association, and I must ask them to find a name for themselves, because it cannot be the Rio de Janeiro Society, which is already pre-empted.

Now we pass to the second application, from the Uruguay Study Group of Montevideo, a group which is under the sponsorship of the Argentine Association. The Argentine Association has recommended their acceptance as a Component Society. However, on the evidence submitted to them, the Central Executive reached the conclusion that whereas the present arrangement, under which the Argentine Association provides general assistance for the training in Montevideo, is a satisfactory arrangement for training, it is too early for the withdrawal of such support. Accordingly, the Executive recommends that this application be not accepted now, and recommends that the matter should be deferred until the next Congress. I ask you to indicate whether you endorse this recommendation. Does anybody wish to discuss the matter first? Dr Garma.

Angel Garma, Argentina: (Speaks in Spanish.)

Dr Garma describes the development of the Montevideo Group which started a long time ago and has been training psycho-analysts for more than 10 years. Montevideo and Buenos Aires being situated close together, communication is easy and quick, and people from Montevideo can easily go to Buenos Aires to get training. In 1954 two members of the Argentine Association were sent to Montevideo in order to start work there. Description of the training of Mr Baranger who began to carry out analyses in 1951. In Dr Garma's opinion there would be few groups who have carried out as good work as the one in Montevideo. The members of the group come regularly to meetings and it issues a journal which has now been in publication for two years. Dr Garma feels the application of the Montevideo group should be strongly supported.

Chairman: Thank you, Dr Garma. I think before we proceed it might be advisable for me to give you a little information about what led the Central Executive to this decision. The sponsoring society, the Argentine Association, does recommend this acceptance, and they gave us data about the members of the group, but these data did not contain what I felt were one or two essential points, so I wrote a letter to Dr Garma on 9 June, 1959, saying that 'there is one point on which further information may be asked for. It is clear that a great deal of the personal (didactic) analysis has been carried out by Mr W. Baranger. I think it likely that some people will want fuller details about his credentials as a training analyst. You state that he is a full member of your Association, but it is not clear whether he was recognized as a training analyst by the Argentine Association when he went to Montevideo in 1955, I think; or, if not, whether he was so recognized at a later date. I think that if you could let me have some details about his own training this would be helpful. With regard to the other students mentioned, who are not yet being recommended as associate members, I note that some of them are having didactic analysis with Mrs Madeleine Baranger. It is therefore also relevant for us to be informed about her status as a training analyst; as she was evidently not elected to full membership before May 1959 I assume that she is not yet recognized as a training analyst.' Now, Dr Garma passed over this letter to Dr Marie Langer who had since become the President of the Association, and I had a letter from Dr Langer dated 27 June, 1959, which states that 'Mr W. Baranger went to Montevideo in 1954; he was at that time an associate member of our Association, he was elected full member the following year, 1955. In 1957 he was appointed training analyst through his having fulfilled our requirements to become a didactic analyst and because we regard him as a very capable worker, and furthermore in order to help in his didactic work in Montevideo, which he was, in fact, carrying out most efficiently. Hence, from a merely formal point of view, W. Baranger was performing his work in Montevideo as a simple full member.' Now Dr

Langer said in the previous sentence that he had been appointed a training analyst, so I do not know what she means by saying that he was a simple full member. Could you explain that point first, Dr Garma?

Angel Garma, Argentina: (Speaks in Spanish.)

Chairman: Thank you very much, Dr Garma, I think you have made that matter clear. As I understand it, he was a training analyst in Montevideo but not in Buenos Aires. Well, if I may, I will continue this letter from Dr Langer. There is a general paragraph here which I do not think I need to read. I go on to the next paragraph. 'The problem of Mrs Madeleine Baranger's analysands is a different one. They are beginners who were surely included in the report in order to show all the work, both finished and planned, but they cannot be formally recognized as candidates until their analyst has complied with the demands for didactic work.' Now, that appears to me to be a quite clear statement that Mrs Baranger was not a didactic analyst, and that is what the Central Executive based their decision largely on, and this is the official reply which I got from the President of the Argentine Association, Dr Langer.

Willy Baranger: Je crois que la réponse du docteur Langer repose en fait sur un malentendu. Lorsque le groupe d'études Uruguay a été reconnu comme tel par la I.P.A., il a été reconnu avec deux analystes en fonction didactique, c.-à.-d. deux 'training analysts.' Ceci était à peu près évident. La confusion convient de ce que le docteur Langer vient de prendre ses fonctions de président de l'Association Argentine, et n'est pas exactement au courant de la situation telle qu'elle se présentait au dernier congrès de Paris, et telle qu'elle s'est présentée pendant la présidence du docteur Garma. Je pense que, s'il était possible de consulter la docteur Langer, elle serait absolument d'accord avec ce qu'a dit le docteur Garma maintenant. Il n'y a pas donc de contradictions de fond entre la position du docteur Garma et la position de la docteur Langer, mais simplement un malentendu qui forme la réponse. C'est tout.

Chairman: Thank you. Does anyone else wish to speak on this subject? If not, I think we can proceed —Dr Briehl.

Walter Briehl: My name is Walter Briehl of the Society for Psycho-Analytic Medicine of Southern California. I would be in doubt how I should vote and I wonder whether I could vote in as much as there is so much confusion on this problem. To me, it seems that there must be further correspondence for clarification on this issue before it is presented to us as members of the general audience. Thank you.

Chairman: I think there is one point that perhaps I should make here, and that is, from the point of view of the Central Executive, we expect that a training analyst in a study group should be of the same status, the same requirements should be made of him, as would be required in the parent society. Now, it is quite clear that this is not the case here,

that the two training analysts in Montevideo are regarded as suitable people to do the training in Montevideo, but would not be so regarded in Buenos Aires, or so it seems, and I think that is an unsatisfactory position from the point of view of the International Association. It seems to me that what Dr Briehl has said is very true, that we cannot really make a decision, or at least not make a positive decision, on this here and now. If further facts are produced between this and the next Congress, it is open to the Central Executive to grant provisional recognition, if a case can be made. Otherwise, we can postpone a decision until the next Congress, when no doubt the situation will be very much more favourable from the point of view of acceptance. I think the time has now come to take a vote on this, and you know what the recommendation of the Central Executive is. I will now take a card vote.—It is quite clear that the vote is overwhelmingly in favour of rejection. Thank you. There were about 11 votes in favour of acceptance, and a hundred odd in favour of rejection.

Now we pass to the third of these applications, the Luso-Spanish Study Group. The Luso-Spanish Study Group of Spain and Portugal under the sponsorship of the Swiss Society applies for Component Society status. The application is supported not only by the Swiss Society, but also by a number of members of the Paris Society who have taken an active part in the training of the members of this Group. The Central Executive has agreed that this Group is now ready for independent status, and recommends their acceptance. Does anyone wish to discuss this matter, otherwise we shall proceed to a vote? I am subject to correction, I believe there are three training analysts in this Group, two of them in Barcelona, and one of them in Lisbon. These have, I believe, all been working as training analysts in Switzerland already. I do not know whether Dr de Saussure would like to say anything on this point?

Raymond de Saussure, Geneva: (As Dr de Saussure did not speak into a microphone his speech was not recorded.)

Chairman: Any other discussion? Then I will take a card vote. There is a unanimous vote in favour of acceptance. (*Applause.*) I have much pleasure in welcoming the Luso-Spanish Society as a Component Society of our Association. (*Applause.*)

Now we pass to the fourth and the final application. About two or three weeks ago, we received an application for affiliation from the Société Française de Psychanalyse, signed by Dr Lagache as Vice-President. Now, although this application was in some ways very fully documented, the Central Executive reached the opinion that it is impossible at such short notice and in the absence of certain essential information to reach a fair decision on this application without much more prolonged consideration. It was decided by the Central Executive to recommend the appointment of a small committee to make further enquiries on the spot, and to report

their findings to the Central Executive. Should the report of this committee, which has not yet been appointed, be unequivocally favourable, without any doubt at all, then it will be open to the Central Executive to grant provisional recognition before the next Congress. Otherwise, the matter must be deferred to our next Congress, which must, of course, in any case make the final decision. So the decision of the Central Executive in this case is to defer a decision. Does anyone wish to discuss this?—I will now take a card vote on this recommendation.—Thank you, carried unanimously.

Proposed Changes in Statutes

We come now to the proposed changes in the Statutes. The following three changes are recommended to you by the Central Executive. The first proposed change of Statutes is that Article V of the Statutes be amended by the addition of the following sentence: 'Any member of a Component Society who has been excused the subscription to his own society on account of length of membership or age, will also be excused payment of dues to the International Association.' This proposition, or at least the theme, was put forward by the American Psychoanalytic Association, which had introduced such regulations about remission of payment of dues, and they suggested that the International might like to fall into line with them over this, and it seems to us that the best plan would be to make it a general ruling according to which the International would simply adopt the same principles as any of its Component Societies in this matter. It is very obvious that if a society is not, in fact, receiving a subscription from someone, it is rather hard to expect them to hand on what they have not received, namely the subscription to the International. May we have a vote about this amendment to the Statutes?—That is a unanimous acceptance of this amendment. Thank you.

Now we come to the second proposed change, that Article VIII, paragraph (a) of the Statutes be amended by the addition of the following sentence: 'In addition, the out-going President shall be a member of the council for the two years following the termination of his Presidency.' Some of you will remember that this was put to you at the Paris Congress and was carried at that time, but it had not been given the statutory period of 28 days' notice, and therefore it was not legally binding according to the Statutes, so we are putting it up to you again. This time the proposed alteration in the Statutes has had the necessary 28 days' notice, and I ask you now to vote on this proposition.—I declare it carried unanimously.

And now we come to the third proposed change of the Statutes: this reads as follows: 'Congress may, on the recommendation of the Central Executive, elect an honorary president and one or more honorary vice-presidents, to hold office for life. Such honorary officers shall be honorary members of the

Central Executive without voting powers.' This is a new idea as far as the Statutes are concerned; the Statutes have never mentioned honorary officers. And yet, of course, we have had them ever since Dr Jones was made Honorary President at Zurich in 1949. So here again we are trying to make the Statutes conform with our practice. Does anybody wish to discuss this proposal before we proceed to vote on it? Then we shall proceed to vote.—I think I may declare that an overwhelming majority, but not a unanimous one.

These three changes in the Statutes are now formally adopted by the Association (see Appendix III).

The Election of an Honorary President

Now we pass on to item 7. We have a resolution which has been signed by about 20 members, and is recommended to you by the Central Executive. It reads as follows: 'That Heinz Hartmann be nominated by the Central Executive to the position of honorary president of the Association and that this nomination be voted on at the 21st Congress by members of the Congress.' (*Applause.*) Your opinion on this is very obvious indeed, but I think we have to observe the formalities, and I would like to say that it seems to me that this resolution is double-barrelled, so to speak, it contains two parts. The first part implies that we actually wish to have an honorary president apart altogether from who it is to be, because as you remember, the Statute which we just passed says that we *may* have an honorary president, it does not say that we *shall* have an honorary president. It is a permissive Statute. Therefore, I think the first thing we shall do is to vote on the issue, do we in fact want to have an honorary president, apart altogether from Dr Hartmann. May we have a vote on that. Those who want to have an honorary president—there seem to be a lot of them, I do not think I will bother to count them. May we have those who do not want to have an honorary president.—None.

David Brunswick, Los Angeles: If we elect Dr Hartmann as honorary president, he would not have a vote on the Executive. Would that prevent him from being elected a regular member of the Executive with a vote, because I think we would want to keep Dr Hartmann as an active member of the Executive, and although I would very much like to have Dr Hartmann as honorary president, I still would like to have him as an active member of the Executive, so there is the conflict.

Chairman: If I may answer that, I may say that Dr Hartmann is, and I am sure, always will be an extremely active member of the Executive, just as was Dr Jones. Dr Jones always insisted on the fact that he had no vote, but that by no means kept him quiet on the Executive, and there is no question at all that he had as much influence as all the members of the Executive together. I think we may hope for the same from Dr Hartmann. There is nothing whatever to prevent Dr Hartmann from being elected as a

vice-president or to any other office in addition to being honorary president, as far as I can see.

Now then, the next thing is to proceed to the other part of this, and I am a little embarrassed here, because really you have elected Dr Hartmann by acclamation already, and yet the resolution says that this nomination must be voted on at the 21st Congress by members of the Congress. According to the procedure which we have adopted for this business meeting, voting for an office must be by ballot, not by show of cards.

William Murray, Boston: Mr President, would it be legal for the Secretary to cast one ballot for Dr Hartmann indicating the unanimous election?

Chairman: You mean that the Secretary should sign the ballot paper and everybody else should abstain? That would be a very queer sort of election.

William Murray, Boston: This is a motion on the floor empowering the Secretary to do the balloting for the group.

Chairman: And how are we to know whether the floor accepts it or not without taking a vote? Shall we vote on this motion by cards? All right. Is anybody seconding this motion?—And those against it?—6 against. I think this is a highly irregular procedure, and as there are quite a number of people voting against, though obviously a minority, I do not think we can do it, frankly. I think we have to take the ballot vote. Will the tellers please distribute the ballot papers.

The Treasurer's Report

Now, while the counting of the ballot is going on, I think we might continue with our business, and the next item on the agenda is the Honorary Treasurer's Report. I now ask Dr Phyllis Greenacre to make her Treasurer's Report, please.

Phyllis Greenacre, New York: The following is a summary of the financial accounting of the last two years. We began in July, 1957, with a balance of 1313 dollars. This was increased during the two years by 15,854 dollars and 71 cents, due mostly to the collection of dues; there are a very few small additional items. This brought the total income to 17,168 dollars and 15 cents. Our expenses were 8013 dollars and 35 cents. There were no really extraordinary expenses, the balance is 9154 dollars and 80 cents. A more detailed and itemized report I have given to Miss King, where it can be consulted (see Appendix IV). Thank you.

Chairman: Thank you very much, Dr Greenacre. As you will observe, our finances are in a much healthier condition than they were two years ago, but we must not think that we are becoming millionaires because we have 9000 dollars in the bank. In fact, as I pointed out before, we do intend to spend quite a lot more money than we are in the habit of doing on such things as making visits to societies, where we want to conduct enquiries, and such like, and it is quite likely that we shall in fact spend more than the 9000 dollars and have to ask you for an in-

crease in dues, as I mentioned before. Now, may I ask you to give a very hearty vote of thanks to Dr Phyllis Greenacre for the great work that she has done for these two years. (*Applause.*)

Freud Archives Report

And now we may pass on to the report on the Freud Archives, and I ask Dr Kurt Eissler to speak.

Kurt Eissler, New York: As at previous Congresses, it gives me pleasure to thank those of you who have been kind enough to continue to support the Archives by sending in a few letters written by Freud which have been found during the last two years, and sending newspaper articles that were of interest to the Archives. Not much has happened in the meantime; the main effort of the Archives goes now to prepare the material to be conveyed to Congress and to transcribe numerous interviews. May I thank you.

Chairman: I must ask you again once more to record our gratitude to Dr Kurt Eissler for the very fine job he continues to do on the Freud Archives. (*Applause.*)

Proposal to institute a Sigmund Freud Essay Prize

We pass now to item 10, and this is a proposal put forward by Dr Bion and Mr Money-Kyrle that the International Psycho-Analytical Association institute a Sigmund Freud Prize, and I will ask Mr Money-Kyrle to speak to this proposal, please.

Roger E. Money-Kyrle, London: Dr Bion who, owing to a recent illness, has been unable to come to the Congress himself, has asked me to make the following proposal on his behalf: 'That this International Association should inaugurate a prize for a clinical essay, and that it should be called the Sigmund Freud Prize.' The intention is that it should be recognized as the highest award for the most outstanding work in clinical psycho-analysis, and that its prestige as such should, as far as possible, be maintained under the auspices of the I.P.A. In accordance with its intended status, Dr Bion further suggests that the prize essay should not only be published in the *International Journal of Psycho-Analysis* but might also, if thought fit, be discussed at one session at the international conferences. In general, therefore, an award would be made once in every two years, or to allow some flexibility, not more than five in ten years. As to the conditions of the award, Dr Bion proposes: (1) that it should be open to and only to analysts qualified by a training institute recognized by the I.P.A.; (2) that the essay is based on work done in the psycho-analysis of a patient, and that any help obtained should be explicitly stated. He also has suggested two further conditions: (3) that the work shows that the psycho-analytic technique employed shares the characteristics common to all scientific methods in any other recognized scientific disciplines; and (4) that the work is related to therapeutic effect.

With regard to the judges, Dr Bion's proposal is

that these should be appointed by the I.P.A. President with the advice of any two members of the I.P.A. who are or have been Presidents of a psycho-analytical society recognized by the I.P.A., or editors of a psycho-analytical journal recognized by the I.P.A. Three judges are suggested, and in order to secure continuity, it is proposed that they should undertake, if possible, to fulfil their functions for a minimum of six years. The judges' decision should be final, and no reasons for it should be given except to the President who should treat such reasons as confidential.

So far, I have been keeping very close to the notes that Dr Bion gave me except for a little alteration in the order. In supporting it I will now add a word or two on my own behalf. In discussing this with a few of my colleagues, I found that there was a good deal of general sympathy coupled with a number of criticisms of detail. Now, I think one would expect general sympathy at any rate with a proposal which emphasizes the double link between psycho-analytic theory and clinical practice which provides our data, and which embodies our aim: to help the patient by helping him to see the truth about himself. As to specific objections, the one I have heard most stressed is that there would be very great difficulty in getting agreement about what judges to appoint. That seems inevitable. Because of our theoretical differences, there might be quite a large section of this society who would feel that their own particular point of view had not been sufficiently represented. But although unavoidable, I do not really think that that is an insuperable objection, provided that there are facilities for discussing the prize essay, either in the journal or, if it were possible, at a meeting at the Congress, because it is by discussing a detailed clinical paper that there seems to me the best chance of getting a greater measure of agreement than we have now.

Lastly, I would only say this. I do not think that one could expect that a rather complicated proposal of this kind could go through straightaway as it is, at a meeting like this. But I would hope, at least, to obtain general sympathy for it in principle, and then perhaps some committee should be appointed, of which I hope Dr Bion could be a member or at least have access to it, which could go into the details.

Chairman: I think I might say at this point that the Central Executive was aware of this proposal and did consider it at its meeting on Sunday. Now, whilst appreciating the fact that the proposers expect important benefits to analysis from the institution of such a prize, the Executive believe that there might be grave disadvantages and difficulties, and these make them disinclined to favour the proposal. Miss Freud in particular is opposed to this proposal, at least in its present form. I think perhaps Dr Hartmann might like to say something on this subject.

Heinz Hartmann, New York: I think that we all agree with the idea in itself, and that it might be considered, but as to the details there are some which

seem to me rather controversial. First of all there is a point made by Miss Freud that we should not designate such a prize as a Sigmund Freud Prize, because this of necessity would imply an official recognition which it may not be for us to convey to anyone. The other point is whether it will be possible to select a group of judges. These are her arguments as I remember them.

Chairman: Does anyone else wish to take part in this discussion? Dr Winnicott.

Donald Winnicott, London: I have nothing much to add to what has been said about this, but when the proposal was put to me by Dr Bion and Mr Money-Kyrle it seemed to me as if it contained something which the I.P.A. might like to follow up in some form or other. I quite see that there are objections, and it is obvious, I think, that such a proposal would not stand unless it was absolutely approved in the Association, because it is linked with the name of Sigmund Freud. Possibly something of it is good, in this idea of a prize for senior members, something really which would recur and be seriously an attempt, I think, on our part, to assert our position as scientists, because it seems to me that if we really cannot find judges who will be able to work on the basis of a scientific appraisal of a paper, then we have to admit that we have not yet got very far in linking ourselves with science. It seems to me, therefore, that there is something in this proposal which could be retained and rediscussed and perhaps proposed again in a different form next time, and I would very much like not to see it altogether lost.

Chairman: It seems to me that Mr Money-Kyrle himself does not want us to make a decision on this proposal at this point, and I am sure that is wise. I wonder if the case will be met if we said that the Central Executive would discuss it with him and with Dr Bion and see if some arrangement could be arrived at. I think it might be useful, however, at this point to take the feeling of this meeting on the subject; if, for example, there turned out to be an overwhelming majority who favour the scheme or an overwhelming majority who are against it, that would be very helpful to know. Do you agree that we should take such a vote? It is quite understood that this is not a binding vote in any sense at all. All right, then, would you please show cards; those who are in favour of this proposal in general, not necessarily with the name of the 'Sigmund Freud Prize'. Now, this really requires counting. We might change the name, you see, to get over that objection, not call it the Sigmund Freud Prize.—

Now, may we have those voting against the whole idea.—Dr Lantos would like to say something, but in the meantime may I announce the result of this vote, which is a fairly close thing, 92 in favour and 69 against. So the opinion is very much divided.

Barbara Lantos, London: I should just like to say I understand that it was not a binding vote, but more than that, I really think there was some misunder-

standing of what we voted for or against, for it was very essential in this proposition that it was called the Sigmund Freud Prize, and if we change that, then it is a general proposition for a prize, not named the Sigmund Freud Prize. That is really a very different proposition, and I do not know how far that was clear to all of us when we voted. That is all I wanted to say.

Chairman: Thank you, Dr Lantos, that is a very important point that you have made. Now, Mr Masud Khan would like to speak.

M. Masud R. Khan, London: I think what we would like to hear from Mr Money-Kyrle is in what way this prize is going to be different from the three prizes available, one by the *International Journal*, which is open to the whole International, second by the *Journal of the American Psychoanalytic Association*, and the third, I think, which is also offered by the Menninger Clinic—I am not quite sure about it. As Dr Lantos points out, we should be in a position somehow to ascertain what will be the relation of this prize to the other prizes that do exist.

Chairman: Mr Money-Kyrle wishes to speak again.

Roger E. Money-Kyrle, London: I only want to add to what Dr Lantos has said so that everyone is clear what he is voting for or against. What you are voting for is that there should be general sympathy with something along these lines, which the Central Executive should be asked to think about. What you are voting against, if you vote against it, is not necessarily the proposal as specifically outlined here, because I think that Dr Bion and certainly myself would willingly consider the criticism you have made; for instance there have been arguments against the suggestion that the prize essay should be read at a meeting of the Congress. But I do not think this was an essential part of the proposal, it was merely a suggestion. Thank you.

Maxwell Gitelson, Chicago: (Speaks from audience and can therefore not be heard.)

Elizabeth Zetzel, Boston: We have already taken a vote on an expression of an opinion, and this vote, if people were in doubt as to what it was about, the doubt should have been expressed before the vote was taken, and I would like to suggest that this discussion is now out of order.

Chairman: I think that I agree with Dr Zetzel. I think the discussion has proceeded quite far enough to give us an idea that opinion is fairly evenly divided on this issue, and that it should be further discussed with the Central Executive before anything more is done.

I am happy to say that we now have the opportunity to announce to you the result of the voting on Dr Heinz Hartmann as Honorary President. The votes are as follows: 173 for, 11 against, and 13 abstentions. (Applause.)

Heinz Hartmann, New York: Colleagues and friends: I have to tell you how grateful I am to you for honouring me in this way, it has for me a very deep and special significance. It will allow me for

the rest of my life to participate in formulating the principles that guide the actions of this Association which is close to my heart. And to mention only one second point; it gives me the great comfort to feel that the day-to-day work of the Association and the heavy burden of decisions is not to be done by the Honorary President, but by the actual President and our Honorary Secretary. Thank you so much.

Site and Date of next Congress

Chairman: The next item on the agenda concerns the site and the date of the next Congress. Now, the site is a little difficult, so we might discuss the date first. In the past, it has been more or less assumed that the Congress must be held about the last week of July or the first week of August. We in London thought that our American colleagues insisted on that. I have had several conversations here, and it appears that this is by no means the case, and that many Americans would be much happier to have it at the end of August. (*Applause.*) Now, what I am suggesting is that you should give us the freedom, as it were, to use the end of August or the end of July or the beginning of August, in other words, give us some freedom of choice. Various suggestions have been made for the site, such as Barcelona, Lisbon, Edinburgh, or some other place in Britain. But we have not really got any very firm proposition. Frankly, I do not think that we know yet where it ought to be, and if you are willing to leave it in the hands of the Central Executive to ponder over for the next month or two, and then inform you as soon as possible, I think that really would be the best arrangement. Is that agreeable to you? (*Applause.*) Does somebody want to speak about this? Again, I must stress that this, of course, is not going to be binding.

(There followed a discussion of various possible sites.)

The Election of the Central Executive

I think we should pass on to the election of the Central Executive. The first election is that of the President, and I will ask Dr Hartmann to take the chair for the election of President.

Heinz Hartmann, New York: This is actually only a communication. The only nomination for President was that put forward by the Committee appointed for the purpose, that is Dr Gillespie. As there were no other nominations inside or outside the Committee, I hereby declare Dr Gillespie elected for the second time President of the Association. (*Applause.*)

Chairman: I wish to thank you with all my heart for this great honour that you have done me. It seems to me that to elect someone as President for the first time is an act of faith, to elect him a second time is a real vote of confidence, and I appreciate it very much. (*Applause.*)

The next item is the election of Vice-Presidents. In this case, this is a real election, because we have

8 nominations for 7 places. The Central Executive decided that we should have 7 Vice-Presidents this time instead of the former 6. So you may vote for as many as 7 people out of 8. You have to vote for anything up to 7, you do not have to vote for all 7, but you have the power to vote for 7. The list is as follows: Grete Bibring, Ruth Eissler, Anna Freud, Maxwell Gitelson, Willi Hoffer, J. Lampl-de Groot, Sacha Nacht, and Raymond de Saussure. It is going to take a little time to do this counting, and I propose that we now proceed to the next business, which is the election of Honorary Treasurer, and this is a purely formal election, because we only have one nomination, Dr Phyllis Greenacre, who has agreed to stand, and so I declare Dr Phyllis Greenacre re-elected as Honorary Treasurer. (*Applause.*)

And the next item is the appointment of Secretary which, as you know, is made on the recommendation of the President, but which has to be accepted by the Congress, and I need hardly say that I wish to re-appoint Miss Pearl King. (*Applause.*) And I think I can assume from your applause that you approve.

The results of votes for Vice-Presidents are as follows: Grete Bibring, 137; Ruth Eissler, 130; Anna Freud, 172; Maxwell Gitelson, 163; Willi Hoffer, 158; J. Lampl-de Groot, 153; Sacha Nacht, 113; Raymond de Saussure, 118. So as the result of this ballot I declare the following elected as Vice-Presidents: Grete Bibring, Ruth Eissler, Anna Freud, Maxwell Gitelson, Willi Hoffer, J. Lampl-de Groot, and Raymond de Saussure (see Appendix V). (*Applause.*)

Votes of Thanks

Before we proceed to votes of thanks, I would like to suggest to you that it would be appropriate if this Congress were to send a formal message to Mrs Ernest Jones thanking her for coming here and for making the presentation of the advance copy of Ernest Jones' autobiography. Do you agree? (*Applause.*)

I think we can proceed now to the very pleasant topic of votes of thanks, and first and foremost we owe a tremendous amount to our Danish hosts, and particularly to Dr Vanggaard (*applause*), who had the courage to invite us here and has carried out his task with the most noble self-sacrifice and the most tremendous energy. In addition, we want to thank all the other Danish colleagues who have helped him in this (*applause*), and including the voluntary assistants who have done so much in particular to make this meeting a success (*applause*). But I think that a very special vote of thanks is due to Mrs Philipson who has organized this Congress (*applause*). Now, the next people who should be given a vote of thanks I think are the Programme Committee, and I mean by that both the London Section of the Programme Committee, and the Corresponding Members who gave us most valuable assistance from all the quarters of the world. I propose a vote of

thanks to the Programme Committee and especially to the Chairman, Dr Willi Hoffer, and the Secretary, Dr Paula Heimann (*applause*). And next I would like you to record your appreciation of the valuable work that has been done by our Secretary, Miss King, who is perhaps, what I may call the kingpin of this Congress (*applause*). Now, I think somebody from the floor would like to make another proposal of a vote of thanks, am I right?

David Brunswick, (Los Angeles): Dr Gillespie might have done that from the platform, but since he has called on me, I think we owe a great deal of appreciation to both the Burgomaster and the City Council for their very fine hospitality, and the reception they gave us at the Town Hall. (*Applause.*)

Chairman: Unless there is any other business that anyone wants to bring up, I think I may draw this meeting to an end now. Is there anything? Well, thank you very much for your co-operation. Dr Hoffer.

Willi Hoffer, London: Mr President, Ladies and Gentlemen: I feel divided in my mind whether I am right to say a word of thanks and *au revoir* to Dr Nacht who leaves the Central Executive, I hope only for a very short time. I am not quite sure whether I am right in bringing this up here, but it is certainly honestly felt, and I am sure many among you, although the voting has expressed the majority opinion, will join me in my sincere thanks to Dr Nacht for his work in Paris and for the Central Executive and again for what he has done at the previous Congress in Paris, which we shall never forget. I hope we will soon have an opportunity of expressing this actively by bringing Dr Nacht or any of his most able co-workers back into the Central Executive. I hope that he will not mind that I bring this up, as naturally, this must be a disappointment to him, as it must be to many of his friends.

Angel Garma, Buenos Aires: I would like also to propose to thank Dr Gillespie and the other members of the Executive Committee for the beautiful work that they have done in those two years. (*Applause.*)

Chairman: On behalf of the Central Executive I thank you very much for that sign of appreciation, and now I think we may draw this meeting to a close.

(d) PLENARY SESSION: EVALUATION OF THE CONGRESS

Thursday afternoon.

Chairman: Dr William H. Gillespie

Chairman: Well, now, this is the last meeting of this Congress, this is, as it were, our breaking-up party, before we go on holiday. That is a nice way of looking at it, but perhaps I might also say that this is the moment of truth, *momento de verdad*, isn't it? I think the Programme Committee and the Central Executive are like a tired bull with its head bent waiting for the *coup de grâce* from you, the toreros, because this is the meeting at which we want you to express your criticism and your suggestions for something better next time. Before we start I

would like to say that as far as we can see, as far as it is humanly possible to predict at the moment, the next Congress will be in the United Kingdom (*Applause*), but we cannot say exactly where, we think Edinburgh, but we just do not know whether the facilities there are adequate for a congress of this kind. We shall certainly find out as quickly as we can.

Before we go on, I would like to read you a letter which I have received from Dr Lebovici, who unfortunately was unable to attend this meeting. It reads as follows: 'Unfortunately I must leave Copenhagen tomorrow afternoon, and I am unable to participate in the meeting "Evaluation of the Congress". May I indicate two opinions of mine. Interpretation into four languages is useless (that is, not useful). It will be enough if the speakers may talk in four languages, English, French, Spanish, German, and if there is an interpretation in two languages, English and French. But in small meetings (this is the important point, I think) each session has to be organized in order that a summary of each presentation is made in French or in English alternatively, either by the speaker or by someone in the audience or by an interpreter. (I understand that Dr Lebovici did this job himself at one of his meetings.) Second, the experience of a discussion of a pre-published paper was rather good, free enough and stimulating. In my own opinion, it would be useful if this paper could be discussed again after plenary session in sub-groups. In fact, we need friendly and free intercommunication. Sorry about not being able to be present at the meeting.' It seems to me that Dr Lebovici has already started off two or three important topics, and before throwing this open to discussion, I would like to suggest some of the topics that we do want to hear about. We want to hear about all the others that you have on your mind, but these we would particularly like to hear about apart from that. First of all, the question of interpretation, whether you agree that interpretation into and out of four languages is excessive; as I pointed out to you before, it is excessively expensive. Would it not be good enough to interpret into English and French and out of all the four languages? The second point, we would like to hear your opinion on the experiment we made this year with a pre-published paper followed by discussion, and whether you feel that that was a successful way of organizing it, or whether something else would be more advisable, I mean something else along the same lines but in slightly different form. The next point is that of the 'Technical At Homes' which were another innovation. Do you think that was a good idea and have you any suggestions as to how it might be modified? And the final point, which I know that Dr Garma wants to bring up, relates to the length of the Congress: Would you like to see it longer than it has been traditionally? Well, that is all I want to say at this point, and the meeting is now open to free discussion.

I think that, as this is being recorded, we would find it very helpful, in fact I would like to insist on your giving your name and your society before you start to speak, so that we can have that recorded.

Robert Bak, New York: Mr President, Ladies and Gentlemen: Even though Dr Gillespie gave us a schedule to discuss the evaluation of the Congress, it would be difficult indeed to start only with suggestions or criticisms, which was also very elegantly anticipated by Dr Gillespie, but one has to pay one's compliments first of all, and the great impression that we all received at the Congress is of the excellence of the organization, of the graciousness of all the receptions, and the smoothness with which all we members have got it so easy to participate and to enjoy and to learn. (*Applause.*) I think our thanks can hardly be emphatic enough.

The question of translation, which was the point first mentioned by Dr Gillespie, I do not feel competent to talk about, since it was also mentioned that it is a financial problem. I think that, as far as I feel about it, it remains that it would be good enough to have the four languages, but if the expenses prohibit it, that remains for the Treasurer and for the Central Executive to decide.

I believe I speak for several people among my colleagues who feel that there should perhaps be more discussion. I would also question the desirability of simultaneous sessions, as they seem to fragment the programme too much, and this creates both scientific and loyalty conflicts for the members who have to attend. Several of the colleagues felt that perhaps the Programme Committee could put the emphasis more on symposia about important subjects. These symposia could be for a whole day by the presentation of two papers, two appointed discussants, and the rest would be left for free debate from the floor. Smaller symposia could be organized with one paper, two appointed discussants, and the rest of the discussion from the floor. Independent papers should not be quite excluded. It would perhaps be desirable to reserve one day for independent presentations, but also with time for discussion. The pure reading of a paper, which could very well have been published without discussion, is not I think quite in the spirit of the Congress that we wish to have. (*Applause.*) The pre-publishing of the paper was most fortunate, but perhaps it would be even more preferable if all the papers of the symposia could be circulated among the membership in extensive summary. That would allow us to have rather adequate information about the contents of the paper and the line of thought, at the same time our immediate response and involvement with the subject and the speaker and the possible surprise could be also maintained.

For the moment, these are the suggestions I may make, and thank you for the time given to me. (*Applause.*)

Chairman: Before asking anyone else to speak, I would like to say just a word about one or two of the

things that Dr Bak said. First of all, I would like to thank you very much for the very kind remarks you made, and I feel that I can say that very well, because I was really responsible myself for hardly anything in the success of this Congress. Other people really should be thanked for it, as I indicated before. As regards one point which Dr Bak made, namely the idea of having extensive synopses or summaries of all papers circulated beforehand, that, of course, we should all like to have, but we feel very grateful indeed if we can get a few words a day or two before the Congress; that is the nature of psycho-analysts, and I think we have to accept that fact.

Now then, let us have some further discussion.

... Well, I seem to have got that wrong, Dr Bak, you were not referring to all papers, only the symposia. I am so sorry, well, it does not apply then.

Emilio Servadio, Rome: I wish first of all to support most emphatically what Dr Bak said in favour of the organizers of this Congress, and to say that personally I have been particularly stimulated by many of the papers that I have been fortunate enough to hear. But, as we all know, stimulation without an adequate outlet can lead to frustration, and more than once I have felt some frustration just because of the practical impossibility of discussions after several very interesting papers I have heard. Now, I realize that this is a very old question, and I think that Dr Bak has pointed out the difficulties as well as his proposals of amendments. Nevertheless, I think that perhaps a formula could be achieved which should establish, let us say, a deadline before the Congress, a date before which the papers should be sent together with a somewhat extensive summary. It should not be 10 or 15 lines of the Congress programme, but perhaps a little more, 1½ pages, would be enough to give us an idea of what is going to be presented and discussed, and the author could limit himself to a short summary, let us say ten minutes, instead of reading his paper in full, and this would leave time for the discussion. Some of my colleagues from Latin America have proposed that our Congresses should be extended two days, if I am not mistaken. Perhaps this would be a good idea, but what I think is necessary is perhaps not so much to extend the length of the Congress, because if there were to be two more days of a Congress run in this way, I think we would all be extremely tired in the end, precisely because there is no space or time for free exchanges of thought. This, I think, is more a question of an economical distribution of the material and of time than of length of the Congress as such. It seems to be the most important point, and after all, if I am not mistaken, this is a point which has been raised year after year, and Dr Nacht has himself raised the point of presentation of summaries, which had been published in advance for many years. I think that this year we have made a

good start, but it is only a start. After all, I have thought more than once that we are doing wrong to our own subject if we really think that a paper which has been prepared with months of effort and study should be swallowed, as it were, at once, at a first reading. I do not think that we are below physicists or astronomers or any other science. It is unthinkable that one of their papers could be read and discussed at once after the first reading. It can simply not be done, because everybody knows that a paper needs reflexion, needs two or more readings carefully, so this is why at least an advanced presentation, even in the form of summaries, would facilitate our reunions and at the same time would be a tribute to the seriousness and the dignity of our science. Thank you. (*Applause.*)

Chairman: Thank you very much. Miss Freud has just made a suggestion to me which has some bearing, I think, on what Dr Servadio has just said. She suggests why should we not use the evening 'At Homes' for discussing the papers of the day.

Sonny Davidson, United Kingdom: I am also very grateful for the Congress, which could not in many ways have been organized better. One thing that I want to talk about is that these 'Technical At Homes' are extremely important and extremely interesting, especially the one that I went to last night on child analysis. It quite obviously met a need, because for the first time we seemed to achieve a kind of united front of all the United Kingdom members which was quite impossible in our society before. I do think it really met a need, and I would like the planning committee to take that into consideration. (*Applause.*)

Sacha Nacht, France: Même si c'est superflu, je tiens à dire que les suggestions que je vais faire sont faites à titre purement personnel malgré la place que j'occupe encore sur cette estrade. Premièrement, j'ai été heureux de constater que l'expérience, car cela a été une expérience, et c'est à titre d'expérience qu'au dernier congrès à Paris il a été admis qu'un des rapports soit publié à l'avance, et qu'il soit simplement résumé en séance et ensuite on puisse le discuter. L'expérience, je pense, comme on me l'a dit, est favorable, donc j'espère qu'elle va être retenue.

Deuxièmement, pour ce que nous appelons les symposia, comme celui que nous avons eu aujourd'hui à propos des états dépressifs, je crois, comme je le disais tout à l'heure, ou tout au moins, je la laissais entendre, que la formule n'est peut-être pas très heureuse, dans ce sens que, premièrement, si on a, comme cela a été le cas depuis toujours, enfin depuis longtemps, deux co-rapporteurs pour le même sujet, comme cela a été le cas pour les états dépressifs, nous assistons forcément à des répétitions, chacun des deux orateurs, M. Scott et moi-même avec Racamier, nous avons, sans le vouloir, été obligés de dire quelquefois les mêmes choses. Donc, si la formule des symposia était retenue, je suggère qu'on ne nomme qu'un seul rapporteur pour un seul sujet.

Lawrence Friedman, Los Angeles: I would like to add my word, which is becoming rather repetitious, but to say that this was one of the best organized Congresses I ever attended. I would like to make some suggestions which I have experienced, my personal experience with discussions and papers which I listened to. One of them is that I find this 'Technical At Home' highly desirable and useful, but I would like to make the suggestion that there should be possibly a larger number of them, and the number of attendants should be limited. We tried it at one of our meetings in Los Angeles with great success, with a pre-announced subject, and asking those who wanted to participate to register a day or two ahead of time, and the attendants' list was limited to, I think, 20 or 25, which made the discussions very informal, very informative, and very pleasant.

I would like to add my support to possibly lengthening the entire Congress, with fewer papers going on simultaneously, and I would like to say this because it was my experience this morning at one of the meetings which I chaired that it was highly satisfactory and pleasant to have spontaneous discussion on the floor after one of the papers knowing we had nobody following us and were not rushed, so we did not have to limit ourselves to ten minutes, to the time allotted, because the room was no longer used. Another reason for the suggestion is that I feel that one of the outstanding papers of the Congress was lost on account of so many papers going on at the same time, and that paper was the paper of Dr Edith Weigert on Kierkegaard. I wish this paper could have had a larger audience here with translation, so that many of those who do not understand English, especially those in Denmark, could have heard that very wonderful and outstanding paper.

Many thanks for the beautiful meeting. (*Applause.*)

Clifford Scott, Montreal: Well, I have heard a great deal about Copenhagen and a great deal about how much better psycho-analytical congresses can become, but I think this is only the beginning of how much better they will become. I think some have become frightened about the richness our field is going to show, and I think we must be prepared to have even many more coincident sessions, and people will have to choose and agree with the fact that they cannot do all that they wish to. I think that it is a tremendous stimulus for younger people to feel that they can come and work hard to present something here, and even have it discussed by a few people. I think we may both have to lengthen the Congress, and have, instead of, as we have had here, five, many more concurrent sessions. Then, since we have heard the Business Meeting talking about places, and since I have learned a little bit about how large Denmark used to be, I think there is one country we have forgotten to think about; Iceland is said to be a very beautiful place, and may be considered as a place situated halfway between the Americas and Denmark. (*Applause.*)

Chairman: I would just like to say a word or two at this point referring to points made by the last speaker or two. First of all, we did have a policy at this Congress to allow as many papers as possible, and that was why we had so many simultaneous sessions, but at the same time we thought it was a bad idea to have too short papers, and therefore we had many simultaneous sessions but gave a fair amount of time to each speaker. I am talking about the simultaneous papers only now. The time allotted was 35 minutes, and the theory was that any speaker who wished could speak for less than 35 minutes if he wanted discussion. As far as I know, hardly any speakers allowed any time for discussion, but as far as the Programme Committee was concerned they *did* allow time for discussion.

Paula Heimann, London: I want to say a very few words about my experience as a chairman this morning, though perhaps they are not quite so necessary any more. What I wanted to say is that I experienced the difference between being the chairman for a paper which took up the full allotted time, so that there was no discussion, and the other paper where the speaker had spoken for less than 30 minutes so that we had some time for discussion. It is my impression as chairman that the meeting felt more satisfaction about the second paper, about the chance of highlighting some of the points, and that also for the speaker it was more gratifying to get the response from the audience. I wanted also to ask other chairmen to come forward and tell us about their experience and their impression. I myself am very much in favour of any method which would, as has been suggested by Dr Bak, shorten the actual length of the paper presented so as to have far more room for discussion. After all, the Congress is really devoted to the purpose of oral communication by members of the associations, who are normally dispersed all over the world.

Chairman: I should like to say one more word about the question of discussion from the floor. What actually happened at most of the meetings was that people handed in their names to the chairman and the chairman then called on them, and that did not look like discussion from the floor, but in fact it was; only the people who did not hand their names in felt that there was not any discussion from the floor, do you understand? So that if you like them not to hand in their names, but have it free for all, then of course it could be done that way; it would look more like a discussion from the floor, but in fact it would not be any different, or, at least, it might be more disorderly.

Margaret Little, London: Just two more small points. One is, I would like to ask if there could be five minutes' interval between the papers, which would prevent the disturbance of having people coming in from one meeting to another while the paper is still being read. The other concerns the 'Technical At Homes'. I only attended one of them, but there was no apparent organization, there

was no chairman, and I felt that it would have been very much more satisfactory if there had been some kind of agreed organization to deal with it. (*Applause.*)

Isabel Menzies, London: I want to stress a point which to me has been of particular importance about the 'Technical At Homes'. They seem to me to give a chance to our younger members, to candidates, associate members, and guests, both to make contributions and to meet senior members, which I think, in my experience of our Congresses, they have never had before, because usually they do not know who the senior people are or are too shy to make spontaneous contact with them. (*Applause.*)

Angel Garma, Argentine: (Speaks in Spanish.) Expresses his and his colleagues' satisfaction with the good organization of the Congress, and speaks on the point of pre-published papers. Speaks in favour of lengthening the Congresses, and in favour of Miss Freud's suggestion of discussing the papers of the day at the evening 'Technical At Homes'.

Wilhelm Solms, Vienna: Meine Damen und Herren. Wir sind, wie 'Chairmen' an Sitzungen gewesen, aufgefordert, unsere Meinung zu sagen, und ich habe auch den Eindruck gewonnen, dass das Vortragen von Mitteilungen ohne Diskussion völlig sinnlos ist. Das Vorlesen einer vorbereiteten Arbeit, die nicht diskutiert werden kann, hat, meiner Ansicht nach, für einen Kongress nicht viel Wert. Es ist gescheitert, dass die Arbeit publiziert wird, und dass man sie dann in Ruhe lesen kann. Nun war, so weit ich weiss, in fast allen Sitzungen, oder in den meisten Sitzungen, keine Möglichkeit zu einer Diskussion. Es war sicher ein Fortschritt, dass diesmal die Arbeiten nicht nur zehn Minuten, sondern fünfunddreissig Minuten dauerten. Aber man kann einem Redner so viel Zeit geben, wie er will, er spricht länger. Das ist eine Erfahrung, die ich nicht hier gemacht habe, sondern die ich immer gemacht habe, es ist völlig sinnlos, die Zeit zu verlängern, denn wenn man einem Redner zwei Stunden gibt, spricht er zweieinhalb Stunden, das ist ein Naturgesetz. Es ist deswegen notwendig, glaube ich, dass man Zeit für eine Diskussion erzwingt, und nicht dem Redner die Möglichkeit gibt, Zeit für eine Diskussion selbst einzuräumen. Ich möchte also sehr der Auffassung zustimmen, dass man möglichst viele Symposia macht und möglichst wenige abgelesene Mitteilungen, eines nach dem anderen. Das ermüdet ungeheuer und es kommt eigentlich nicht viel heraus, wenn man nicht die Möglichkeit hat, Fragen zu stellen und zu diskutieren. Eine zweite Bemerkung sei mir erlaubt, ich darf Sie daran erinnern, dass man in Paris, am Kongress in Paris, die Frage des vorpublizierten Referates heftig diskutiert und teilweise als unmöglich abgelehnt worden ist. Es war ein Kompromissvorschlag, dass eine Arbeit vorher publiziert worden ist. Wir haben nun die Erfahrung gemacht, dass das möglich ist, so wie es an vielen anderen Kongressen möglich ist. Ich würde

deswegen den Antrag von Paris, den damals Dr Nacht gestellt hat, wiederholen, dass alle grossen Vorträge vorher publiziert werden sollen mit Platz für eine Diskussion, ich glaube, dass diese Methode sich sehr bewährt hat, und dass wir auf den damaligen Antrag von Dr Nacht und Dr Lebovici von Paris zurückkommen sollen. Ich weiss nicht, wie es technisch möglich ist, aber an sich würde ich glauben, dass der diesmalige Kongress uns bewiesen hat, dass es möglich ist.

Ein dritter Punkt, von dem ich sprechen möchte, ist die Frage der Sprachen. Ich gehöre zu der Gruppe, die bei der vorgeschlagenen Regelung zurücktreten müsste. Ich glaube, dass es ohne weiteres möglich ist, wenn in allen vier Sprachen gesprochen werden kann, und Übersetzung nur in Englisch und Französisch gemacht wird, das scheint mir eine vollkommen mögliche Lösung. Ich weiss nicht, ob unsere Spanischsprechenden Kollegen auch damit einverstanden sind, aber ich glaube, dass das technisch vollkommen möglich ist. Allerdings sollte man dem Redner die Möglichkeit geben, in einer der vier Sprachen zu sprechen.

Chairman: Thank you, Dr Solms. Vielen Dank. Certainly we do not intend to stop the translation out of the four languages, but only into German and Spanish. I call now on Dr Kemper. Miss King has just made the suggestion that we might make a compromise as regards pre-publication, by pre-publishing the symposia papers, but not the others. Dr Kemper.

Werner Kemper, Rio de Janeiro: Obwohl ich seit 10 Jahren in einem Lande arbeite und in einer Sprache zu sprechen habe, die so gut wir unbekannt in der Welt ist, in Portugiesisch, gehöre ich zu den angeborenen Sprachengegebenen, d.h. ich kann einen englischen Text lesen, ich kann einen französischen Text lesen, ich kann aber einem schnell gesprochenen Vortrag schlechterdings nicht folgen. Ich habe sämtliche Kongresse nach dem Kriege besucht, und habe an diesem Kongress mit ungeheurer Erleichterung und ungeheurem Genuss erstmalig wirklich meinen gehörten Vorlesungen und Vorträgen folgen können, und habe deshalb mit grossem Bedauern diesen Vorschlag eben gehört, dass wir auf den status quo zurücksinken wollen. Ich respektiere die Realität, aber erinnere mich leise, dass Dr Gillespie sagte, dass auf Grund der gemachten Erfahrungen man eine Reduktion auf die Hälfte der Kosten hätte erreichen können, und ich würde deswegen doch bitten, den Plan noch einmal zu überlegen. Ich spreche nicht nur in meinem persönlichen Namen, sondern ich weiss, dass viele meiner Kollegen aus dem mitteleuropäischen Raum, aus dem mittel-europäischen Raum und auch viele aus anderen Ländern, und ich denke hier an meine neue Heimat, Süd-Amerika, in der gleichen Lage sind wie ich.

Dann möchte ich einen weiteren Vorschlag machen. Wenn die Arbeiten vorbereitet werden, möchte ich bitten, dass sie nicht nur in der englischen

und in der französischen Zeitschrift, sondern auch in der von der argentinischen Gruppe herausgegebenen Zeitschrift, und auch in der deutschen Zeitschrift rechtzeitig vorher erscheinen, so dass wirklich alle vorbereitet zum Kongress kommen. Ich danke Ihnen.

Chairman: Thank you, Dr Kemper. I would like to interpolate one remark, as we are talking about interpretation. The chief interpreter spoke to me before this meeting, and told me that we have various alternatives before us; there is what we have here, interpretation into and out of four languages, which costs 4000 dollars, there is interpretation out of four languages and into two languages, which will cost 2000 dollars; there is the same thing as I have just said, out of four into two, in two rooms, which will again cost about 4000 dollars, the same price as the whole thing that we have had here in only one room, so that if we want to spend 4000 dollars, we have two alternative ways of doing it.

Herman Serota, Chicago: I believe the sense of the remarks which have been made this afternoon could possibly be synthesized as a kind of innovation to supplement one of the services already available. Namely, in addition to the abstracts, perhaps for a period of some four or five days, we might have a temporary library, at which many of the papers might be available for those who would care to deposit them and those who would care to read them. This might be part of the registration service.

Edward Joseph, New York: I would like to speak not to the question of translation, but rather to the question of symposia and simultaneous papers. I think that both have advantages; the symposia can be very valuable in terms of distribution of knowledge on a given subject. However, I think the individual papers represent the particular clinical or theoretical experience of the speaker and as such should be offered to the members of the Congress. I wonder, therefore, in terms of the suggestion of lengthening the time of the Congress, if it might not be advisable to provide for both symposia and independent papers, not perhaps five sessions at a time, but two or three spread out over another day or two of the Congress. Thank you.

Chairman: Miss King has just asked me to suggest that it might be a good thing for the next Programme Committee to write round to the Secretaries of the various Component Societies asking for suggestions of subjects for symposia. Does anybody want now to suggest subjects for symposia? I think it is the sort of thing that you want to think about first, isn't it?

Marianne Kris, New York: I would like to ask Dr Gillespie, in case the Committee keep to the one pre-published paper, could he tell us possibly on what basis the next will be chosen?

Chairman: Well, that is a matter which we have not had time to consider yet, but it has been suggested that instead of inviting people to put forward

papers, we should look through the recent literature and pick out papers which seem valuable for this purpose. We should then *invite* the authors to present their papers for discussion. (*Applause.*)

J. B. Boulanger, Montreal: Since my colleague brought up the suggestion of holding a Congress in Iceland, I want to remind the organizers of the next Congress that in Montreal in Canada two years from now we will have the third International Psychiatric Congress. And since Canada is also a part of the British Commonwealth, and since in Montreal both the official languages of this Congress are the languages spoken in the city, and since the Canadian Society is a young society and as such could very well be host to senior societies, and since we have very good hotels and facilities, I would like only to suggest that Montreal could be considered as a possible choice. Je vous remercie.

Chairman: Thank you, Dr Boulanger. I think that most of us would love to go to Montreal; the question is whether we can afford it, and perhaps we might have an expression of opinion from the Europeans particularly. Does anybody among the Europeans think this is a practical proposition? Dr Boulanger points out that you can kill two birds with one stone, as there is the psychiatric congress as well, 4 to 10 June in Montreal. There is another point, could we possibly have our Congress in June? There seems to be a chorus of 'No's'; one 'Yes'. Would you like to take a vote about it; I do not mean to decide it, but just to get the feeling of the meeting? Perhaps it is not worth while taking a vote, because the Americans will all say 'Yes', and the Europeans will mostly say 'No', and we do not know where we are then. Could we confine this vote to Europeans? That would be interesting. Would only Europeans vote, please, not Americans, not South Americans, nobody but Europeans, on whether they think it is practical to go to Montreal in June. I think it is quite impossible to go to Montreal in June. Somebody wants to know is it really hot in June. Could you tell us, Dr Boulanger. Dr Boulanger says it will be less hot than it is here at the moment. That was not recorded, unfortunately, but I would like to say that Dr Boulanger has been pointing out the advantage to those who are also psychiatrists, who would like also to attend the psychiatric congress.

Wilhelm Solms, Vienna: I had the honour to participate also in the discussion about the next psychiatric congress, and I know that it is certain that for the psychiatric congress in Montreal there will be from Europe only the big chiefs from the clinics who are paid for the congress, and for the young psychiatrists no one will come to Montreal, it is just not possible.

J. B. Boulanger, Montreal: About the cost of the plane let us say from London or from Paris to Montreal, I would say that on a regular scheduled airline it would be say 500 dollars, but on the other hand, if one can get a group of people in sufficient

number to rent a plane, it can go as low as 300 dollars for a return trip.

Robert Bak, New York: Since Montreal was mentioned, of course, it has the inevitable consequence of rivalry, together with good-neighbour policy, but I really mean it that if any transatlantic congress could be considered, I do think that if organization could be made by chartering planes and bring down expense to that extent, it would be feasible to the majority of European members, and this is not quite out of possibility. Then perhaps one could explore it to hold the Congress, let us say, on the North American continent.

Chairman: Well, you have heard the worst now about the fare and the weather and so on. The cost of living is another important consideration, I think; I think it is pretty high. I do not know whether you want to get an expression of opinion about this. I have a shrewd suspicion of what it is going to be; would you be more satisfied, Dr Boulanger, if we took a vote?—All right. This is only for Europeans, please. Will those Europeans who think that this is a practical proposition please show their hands.—One, I think. Now, those who do not think it is a practical proposition.—Thank you very much, well, I think that is a fairly clear answer.

David Brunswick, Los Angeles: I was misunderstood, I had not meant to say anything about holding the Congress in Montreal; I also assumed that this was not possible for Europeans. I wanted to say something about the translation, because what Dr Kemper said brought me back to my first very emphatic feeling when I heard about the possibility that the translations might be cut down to only two languages in order to bring the cost down from 4000 dollars to 2000 dollars; 2000 dollars divided by 800 people, I think, is 2½ dollars, and I feel it would be a shame to cut this down even if there were only five people who would suffer. I think that being an international Congress we should have the maximum translation that is needed by all those who come (*applause*). The extra cost could easily be raised by adding to the Congress fee this 2½ dollars. The amount of the Congress fee is the smallest amount of the expenses that everyone has to pay for coming to the Congress, and I think that it would be perfectly practical and, if not, it could be added to the dues. But I think it would be more just to add it to the Congress fee.

Chairman: Thank you, I think you made an extremely good point, Dr Brunswick, and obviously it met with a lot of approval. Now, as you say it only adds to the Congress fee, I mean that is the effect of it, pure and simple, and it adds as you say about 2½ dollars. If we do decide that we are prepared to spend these 2½ dollars a head, we have the alternative, of course, of having the lesser degree of translation in two rooms instead of one. I think, you see, that it does not meet the case that Dr Brunswick has made, that we do not want to leave anybody out.

Thorkil Vanggaard, Copenhagen: Well, I would just say that if it is so terribly difficult for many people to understand languages that are not their own, there are many other groups to take into consideration. There are many Scandinavian and Dutch and Italian people, for instance, who are not in the position to understand—who will never hear their own language, so I do not really think the point is so pertinent.

Augusta Bonnard, London: I would like to make the suggestion and to have people vote on it informally: should it be decided, which I hope it is, that the Congress take at least one day longer, would people be in favour or not of another half-day devoted to purely social events such as outings and so on? I myself feel that they are very enjoyable, helpful, social, and also give us a rest in between, and I wonder how many people would agree with me that I would prefer two half-days for sociality and a longer Congress.

Chairman: Thank you, Dr Bonnard. That raises another issue in my mind. I do not know whether it struck you or not, namely that if we do extend the Congress by one day or two days, it will add to most of the expenses proportionately, so that the Congress fee will automatically go up. That is another point to be considered. The interpreters are paid per day, you see.

Paula Heimann, London: I only wanted to make this suggestion: I think that if we added one day and did it in such a manner that we have two half-days of entertainment in between, many people will be disappointed, namely those for whom the added expense would be a burden. It seems to me it would be a better way out to handle it in a democratic and voluntary manner, so that people who would like to go on having discussions could write in to the future Programme Committee, and a programme of papers and discussion matters could be arranged for them, so that those whose commitments do not allow them to spend a day longer at the Congress would not be imposed on whilst the others would not be frustrated.

Alfred Corvin, New York: I would like to express myself briefly to two problems which Dr Bak raised, the one the problem of the desirability of panel discussions versus individual papers. As far as this problem is concerned, I believe Dr Bak's suggestion of having let us say roughly three-fourths of the meeting in panels and the rest in individual papers has been proved very valuable already by experience at the annual meetings of the American Psychoanalytic Association. The second problem is that which concerns everybody here, and which is raised again and again, the dilemma which everyone of us experiences with regard to which panel to attend, and if I attend one panel then I am going to miss all the other panels. I do not think that there is any real cure for that, but the American Psychoanalytic Association has some experience in this regard, too, and they have an institution which has proved to be

very popular and very valuable. Of course, I am making these remarks only for those colleagues who have no opportunity to attend the meetings in America. This is the institution of Reporters. Very briefly, a Reporter is assigned to each panel in advance who gets the formal papers to read in advance and can make notes of the discussion during the panel, and the last half-day of each Congress is devoted to a report on the part of the Reporters in summarized form about each individual panel discussion comprising formal papers and discussion. Many of my colleagues in America feel that this has been a very valuable and very practical solution of this problem.

Chairman: Well, we are really over our time, but we started a quarter of an hour late, I do not know whether you want to go on a quarter of an hour?

Madame Marie Bonaparte, Paris: I heard with great interest all the suggestions that were made. Instead of having only the two languages there should still be four, because it is a pity that two great languages of the Congress should be excluded. We cannot have them all, of course; we cannot have Portuguese, we cannot have, alas, Danish, we cannot have every language; but the four languages, if it costs only 2½ dollars more, it is worth it. Secondly, the shortening of papers, so that there could be discussion. I do not think one must shorten them too much, although they should be written beforehand. People must know what they discuss about; it is impossible to discuss on something which has been heard only in ten minutes. It seems to me impossible. The question of the lengthening of the Congress; there is no doubt it will represent a very great expense, I think that seems very difficult. But what one might do for the discussions is what has been proposed, it is that the 'Technical At Homes' could be devoted to discussing the papers that have been presented at the Congress. Now about the pre-published papers which were recommended at Paris. I do not think it is a very good system, it would be better to find a paper in a journal on which one would discuss. That is all. Thank you.

Chairman: Well now, do you feel that we have had enough discussion? (*Applause.*) I should like to say that I think it has been a most valuable discussion and I think that this last session has been one of the very valuable features, innovations of this Congress. I think we should not break up before passing a really hearty vote of thanks to the interpreters who have done a very fine job of work. (*Applause.*) And now I should like to thank you all for making this such a successful Congress, and wish you all a very good holiday. (*Applause.*)

5. APPENDICES

APPENDIX I

INTERIM PROCEDURE FOR THE CONDUCT OF ELECTIONS AND OF THE BUSINESS MEETING AT COPENHAGEN

Introduction

The Statutes lay down that the President is responsible for the conduct of the Business Meeting. The procedures

that have been followed in the past appear to be a combination of *ad hoc* decisions by the Presidents and tradition. The Central Executive felt that now the Association had become so large, it was time there was an agreed method of procedure, both for elections and for the Business Meeting. They hoped that if these procedures were satisfactory, they could become the basis of the 'Standing Orders' or procedural regulations for the future conduct of the Business Meetings of the Association.

1. Procedure for the Election of Officers

A. Nomination Procedure

Nominations shall be put forward by:

- (i) a *Nominating Committee* appointed by the Central Executive to make nominations on its behalf;
- and (ii) *Proposers and Seconders* who are *Members* of the I.P.A.

The *consent of a nominee* must be obtained in writing before a nomination becomes *valid*. Candidates may be nominated for more than one Office; e.g. President and Vice-President.

Publicity of Nominations

All valid nominations will be posted on the Central Executive's notice board, as they are received. The nominations of the Nominating Committee will be posted on this notice board by 6 p.m. on Monday, 27 July.

Closing date for Nominations

In order to allow time for ballot papers to be prepared and so that the members will have an opportunity to discuss and consider the merits of various candidates, before being called upon to vote, the nomination lists will be closed at 6 p.m. on Tuesday, 28 July. All nominations should be in the hands of the Hon. Secretary or have been handed in at the Congress Office by that time.

B. Election Procedure

(i) For Single Offices

When a single office is up for election (e.g. President or Treasurer) each member has one vote per ballot.

- (a) When two candidates are nominated a simple majority will decide.
- (b) When three or more candidates are nominated, unless one candidate obtains more than 50 per cent of valid votes cast, a second ballot will follow between the two candidates with the most votes. This time a simple majority will decide.

(ii) Multiple Offices

When multiple offices are up for election (e.g. Vice-Presidents) each member will have one vote per office per ballot, and a simple majority will decide.

Where there is a tie for the last place, another ballot shall be held between those candidates who obtained an equal number of votes, the one with the simple majority being elected.

C. Voting Procedure

- (i) Voting for Officers will be by ballot.
- (ii) Voting for formal resolutions or motions expressing opinions or suggestions will be by show of cards.

2. Procedure with Regard to Resolutions from the Floor

The President will use his discretion to refuse to accept certain *proposals from the floor*, as *resolutions binding on the Association*, if in his opinion more information about the particular object or repercussions of the resolutions is necessary, before a workable decision can be reached. Such proposals will be voted on at the Business Meeting in order to ascertain a majority opinion on them.

Such resolutions will then be referred to a meeting of the old and new Central Executives, which will take place immediately after the Business Meeting. The Central Executive, after obtaining more information, and after considering the wider implications of the proposals for the Association, may either refer them to the Constituent Societies together with their recommendations, or if more appropriate, put them forward as formal resolutions at the next Congress.

PEARL KING
(Hon. Secretary.)

APPENDIX II

SUMMARY SHOWING GROWTH OF MEMBERSHIP IN COMPONENT AND AFFILIATE SOCIETIES FROM JUNE 1957 TO JUNE 1959

Component Societies	Members		Ass. Members		Students		No. of Scientific Meetings
	1957	1959	1957	1959	1957	1959	
<i>North America</i>							
1. American Psychoanalytic Association	755	(5) 807	(6) —	—	—	—	4
2. Canadian Psychoanalytic Society	13	16	3	4	—	13	17
3. Mexican Psychoanalytic Association	7	(4) 6	(4) 3	5	15	15	20
<i>South America</i>							
4. Argentine Psychoanalytic Association	29	31	30	39	30	46	45
5. Brazilian Psychoanalytic Society (São Paulo)	12	12	(1) 9	12	19	21	48
6. Rio de Janeiro Psychoanalytic Society	9	10	3	4	20	27	14
7. Chilean Psycho-Analytical Association	7	4	8	3	19	26	12
<i>Europe</i>							
8. Belgian Psycho-Analytical Society	6	(6) 7	(6) 6	4	19	17	14
9. British Psycho-Analytical Society	95	100	105	119	57	77	32
10. Danish Psycho-Analytical Society	4	(2) 10	(2) 9	7	?	?	5
11. Dutch Psycho-Analytical Society	48	51	19	(7) 14	(8) 27	36	15
12. Paris Psycho-Analytical Society*	22	23	37	38	83	*153	16

*Paris Psycho-Analytical Society: The total number of students comprises:

- (a) Students taking part in the three annual cycles (of these, eleven are carrying out supervised analysis) 64
- (b) Students (*stagiaires*) who have completed the three years of didactic cycles and are doing supervised work 38
- (c) Students (*stagiaires*) who have completed both the cycles and their supervised work, but are still benefiting from some form of theoretical or technical instruction at the Institute 51

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Europe—continued

13. German Psycho-Analytical Society
14. Italian Psycho-Analytical Society
15. Swedish Psycho-Analytical Society
16. Swiss Psycho-Analytical Society
17. Viennese Psycho-Analytical Society

Asia

18. Indian Psycho-Analytical Society
19. Israel Psycho-Analytical Society
20. Japan Psycho-Analytical Society

Affiliate Societies

- a. Association for Psychoanalytic Medicine (N.Y.)
- b. Baltimore Psychoanalytic Society
- c. Boston Psychoanalytic Society
- d. Chicago Psychoanalytic Society
- e. Cleveland Psychoanalytic Society
- f. Detroit Psychoanalytic Society
- g. Los Angeles Psychoanalytic Society
- h. Michigan Association for Psychoanalysis
- i. New Orleans Psychoanalytic Society
- j. New York Psychoanalytic Society
- k. Philadelphia Association for Psychoanalysis
- l. Philadelphia Psychoanalytic Society
- m. Psychoanalytic Association of New York
- n. San Francisco Psychoanalytic Society
- o. Seattle Psychoanalytic Society
- p. Society for Psychoanalytic Medicine of S. California
- q. Topeka Psychoanalytic Society
- r. Washington Psychoanalytic Society
- s. Western New England Psychoanalytic Society

Members		Ass. Members		Students		No. of Scientific Meetings
1957	1959	1957	1959	1957	1959	

14	18	11	18	27	?	38
14 (2)	16 (2)	17	?	20	24	—
12	19	21	19	13	15	16
35	36	28	28	?	31	18
15	15	6	8	12	13	24
22	23	35	35	14	20	8
14	16	4	9	22	28	18
28	32	0	9	12	4	22
92 (5)	113 (5)	—	—	54	63	15
27 (3)	30 (4)	8 (3)	10 (3)	33	30	12
91 (4)	99 (4)	6	8	109	105	14
76 (4)	82 (4)	34	55	91	89	14
13	15 (1)	—	8 (9)	12	11	13
9 (3)	14 (3)	—	6	5	9	10
54 (2)	65 (2)	5	6	40	56	18
10	10	—	—	—	—	18
11	14	4	2	9	14	18
237	240	33	37	58	63	34
53 (6)	52 (7)	5 (7)	9 (8)	35	42	19
49 (2)	62 (1)	23 (8)	16 (8)	129	135	17
25	45	10	11	28	30	14
72 (1)	75 (2)	7	8	75	60	19
13	18	—	1	10	12	8
38	50	—	—	74	79	16
12	10	19	25	35	27	16
81 (4)	93 (4)	—	—	102	113	17
30	33	1	1	28	26	17

N.B. Figures in brackets under 'Members' represent Honorary Members and under 'Associate Members' represent Affiliate Members.

APPENDIX III

STATUTES OF THE INTERNATIONAL PSYCHO-ANALYTIC(AL) ASSOCIATION

(As revised at the Twenty-first International Psycho-Analytical Congress, 1959)

I. TITLE

The Association, as constituting a central organization of the national or local psycho-analytical societies (component societies) already in existence or hereafter to be formed, shall be called 'The International Psycho-Analytic(al) Association'.

II. LOCATION

The location of the Association is the place of residence of the President at the time.

III. AIM OF THE ASSOCIATION

The aim of the Association is the cultivation and furtherance of the psycho-analytical branch of science founded by Freud, both as pure psychology and its applications to medicine and other branches of science; further, the mutual support of its members in all endeavours to acquire and disseminate psycho-analytical knowledge.

IV. MEMBERSHIP

(a) The Association consists of ordinary and associate members. Its ordinary membership is composed of the honorary and ordinary members of the component societies, whose election is therefore decided by the conditions valid for the individual societies. Its associate membership consists of the associate members of the component societies, but only in so far as the standing of an associate member in an individual society implies graduation from a recognized psycho-analytic institute.

(b) In places where there is no local society membership of the Association can be achieved only through election to one of the component societies elsewhere.

(c) Membership of a foreign society, instead of to the society of one's own country, where there is one, shall be subject to the consent of the Central Executive.

(d) The Central Executive may, in exceptional circumstances, admit to direct membership of the Association those who have previously been members of a component society.

V. DUES

The annual dues of the Association, payable to the Treasurers of the component societies, shall be determined by the Congress on proposal of the Central Executive. Any member of a component society who has been excused the subscription to his own society on account of length of membership or age, will also be excused payment of dues to the Association.

VI. PRIVILEGES

Ordinary members have the right on payment of the Congress fees to attend the scientific and business meetings of the Congress and to vote and be elected for office at the Congress. Associate members have the right on payment of the Congress fees to attend the scientific and business meetings of the Congress, but not the right of voting at the business meetings or to be elected for office. All the categories of members have the privilege of attending scientific meetings of any component society.

VII. CONGRESSES

The Congress has the supreme control over the Association. It is convoked by the Central Executive once every two years and is conducted by the President. The Congress elects the officials of the Association.

VIII. CENTRAL EXECUTIVE

(a) The Central Executive, which holds office from one Congress to the next, consists of a President, a Secretary recommended by him from the members of his component society and accepted by the Congress, a Treasurer, and four or more members of the Council. The number of the elective Council members at any given time, more than half of whom shall belong to other societies than that of the President, will be determined by the Congress on recommendation of the Central Executive. In addition, the outgoing President shall be a member of the Council for the two years following the termination of his Presidency.

(b) The Central Executive represents the Association externally and co-ordinates the activities of the component societies.

(c) The President is responsible for presenting to the Congress a Report of the activities of the Association during his term of office, and the Secretary for editing the official Reports of the Association, including those of the Congress. The Reports shall be published in the *Bulletin* of the Association.

(d) Congress may, on the recommendation of the Central Executive, elect an Honorary President and one or more Honorary Vice-Presidents, to hold office for life. Such honorary officers shall be honorary members of the Central Executive, without voting powers.

IX. COMPONENT SOCIETIES

(a) The Statutes of a component society shall not be in contradiction to those of the Association.

(b) Admission of new component societies to the Association is decided by the Congress, but in the interim the Central Executive may, after due investigation, accord them the status of provisional recognition (not membership).

X. CHANGES IN THE STATUTES

The Statutes can be changed only by the Congress, a two-thirds majority of those present being necessary. The change must be proposed by at least three members who must notify the Secretary in writing at least twenty-eight days beforehand.

XI. PROCEDURE AT THE BUSINESS MEETING

Resolutions shall be of two classes on the President's decision according as they are to be referred for consideration to the component societies or to be decided at the time by a majority vote (two-thirds majority in the case of changes in the Statutes). In the former case the Secretaries of the component societies shall furnish to the Central Secretary three months before the next Congress a report (including the number of majority and minority votes) on the local discussion of such resolutions, the final decision being then left to a majority vote at the Congress.

APPENDIX IV (a)

INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

STATEMENT OF ACCOUNTS, 1957-59

Income		Expenditure	
Balance forward 7/1/57	\$1313.44	Petty cash (London)	\$112.00
Dues collected 1957-58	6766.64	Travel—Dr Vanggaard to London	128.80
" " 1958-59	6454.10	Travel—Dr Gillespie to Copenhagen	123.66
" " 1950-58 (Israel)	256.35	Sundry expenses	541.84
" " 1957-58 (Japan)*	56.00	Secretarial services provided by Institute of Psycho-Analysis	824.67
Freud Fund from Sweden	318.25	Publication of <i>Bulletin</i>	2848.15
Congress refund†	1553.46	Printing I.P.A. Statutes	31.50
Proceeds from dollar cheque to London‡	449.91	Notices in <i>Journal</i> —Congress	8.38
		Translation fee—paper for Congress	97.02
	\$17168.15	Filing cabinet	52.95
		Shipping I.P.A. files	40.75
		Secretarial services and preparation of files for shipment	745.03
		Congress advance	1500.00
		W.F.M.H. dues	200.00
		Treasurer's expenses	250.00
			\$8013.35

7 December, 1959, Bank Balance \$9154.80 { London \$1493.85
N.Y. 7660.95

* Overpayment—to be credited to 1959-60 dues.

† Repayment of loan made to French Society of \$1400. plus \$153. 64 profit on Congress.

‡ Difference between expenditures for *Bulletin* and dollar cheque transferred to London from N.Y. account (Cheque made out to London Institute was \$1889.75; \$449.91 was not used and was deposited in London I.P.A. Account).

APPENDIX IV (b)

NOTES TO TREASURER'S REPORT 1957-59

1. Dues in arrears:

Swiss 1958-59	\$315.00.	No answer to letters.
Israel 1958-59	105.00.	Promised.
Chile 1957-59	60.00.	No answer to letter.
Dr Liebermann	10.00.	Bill sent out late to Hungary.
India	82.00.	Promised.

2. Breakdown by country of dues received:

	1957-58	1958-59
United States	\$3770.00	\$3800.00
Argentina	240.00	266.00
Belgium	48.00	47.00
Rio de Janeiro	49.00	52.00
São Paulo	87.00	95.00
Dr Prat	5.00	5.00
Netherlands	335.00	335.00

	1957-58	1958-59
France	194.00	202.00
Germany	95.00	108.00
Dr Ammon		3.00
Dr Hoppe		3.00
India	82.00	
Dr Ramana	5.00	5.00
Israel	96.00	
Italy	121.00	131.00
Japan	147.00	188.50
Mexico	35.00	40.00
Sweden	131.00	150.00
Switzerland	315.00	
Vienna	72.00	74.00
Canada	24.00	24.00
Denmark	47.00	47.00
At large	55.00	55.00
Great Britain	813.64	823.60
	\$6766.64	\$6454.10

APPENDIX V

OFFICERS AND CENTRAL EXECUTIVE OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

(Elected at the 21st International Psycho-Analytical Congress, 1959)

Honorary President

Dr Heinz Hartmann

Honorary Vice-President

Mme Marie Bonaparte

OFFICERS 1959-61

President

Dr William H. Gillespie

Vice-Presidents

Dr Grete L. Bibring

Dr Ruth S. Eissler

Miss Anna Freud

Dr Maxwell Gitelson

Dr Willi Hoffer

Dr Jeanne Lampl-de Groot

Dr Raymond de Saussure

Hon. Treasurer

Dr Phyllis Greenacre

Hon. Secretary

Miss Pearl H. M. King

PROGRAMME COMMITTEE FOR THE 1959 CONGRESS

London Section

Dr Michael Balint

Dr Wilfred R. Bion

Dr Paula Heimann—Hon. Secretary

Dr Willi Hoffer—Chairman

Mrs Hedwig Hoffer

Dr Barbara Lantos

Dr Lois Munro

Dr Herbert Rosenfeld

Dr Charles F. Rycroft

Dr Donald W. Winnicott

Dr William H. Gillespie (President, I.P.A.)

(*ex officio*)

Miss Pearl King (Hon. Secretary, I.P.A.)

(*ex officio*)

Corresponding Members

Dr Charles Brenner (New York)

Dr Maxwell Gitelson (Chicago)

Dr Serge Lebovici (Paris)

Dr P. J. van der Leeuw (Amsterdam)

Prof. Dr med. H. Meng (Basel)

Dr Angel Garma (Buenos Aires)

Dr Ralph R. Greenson (Beverly Hills)

Dr Edward Kronold (New York)

Dr Thorkil Vanggaard (Copenhagen)

CONGRESS DESIGN COMMITTEE FOR THE 1959 CONGRESS

Mr Harold Bridger

Dr Elliot Jaques

Miss Pearl King (Chairman)

Dr Tom F. Main

Miss Isabel E. P. Menzies (Secretary)

REPORTS OF SCIENTIFIC ACTIVITIES OF COMPONENT AND AFFILIATE SOCIETIES. SEPTEMBER 1958 TO AUGUST 1959

1. COMPONENT SOCIETIES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

NORTH AMERICA

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

1 East 57th Street, New York 22, N.Y.

REPORT OF THE FULL 1958 MEETING

Panel Discussions

1. *The Vicissitudes of Ego Development in Adolescence.*

Dr Marjorie Harley (New York): 'Some Observations on the Relationship between Genitality and Ego Development at Adolescence.'

Dr Elisabeth R. Geleerd (New York): 'Some Aspects of Ego Vicissitudes in Adolescence.'

Dr Leo A. Spiegel (New York): 'Disorder and Consolidation in Adolescence.'

Dr Gerard Fountain (Scarsdale, N.Y.): 'Adolescent into Adult: An Enquiry.'

Reporter: Dr Albert J. Solnit (New Haven, Conn.).

2. *Problems of Re-Analysis*

Dr Emanuel Windholz (San Francisco): 'Introductory Remarks on the Problems of Re-Analysis.'

Dr A. Russell Anderson (Baltimore): 'Definition of Re-Analysis.'

Dr Herman M. Serota (Chicago): 'Re-Analysis of the "Wolf-Man".'

Dr Emanuel Windholz (San Francisco): 'Limitations of Psycho-analytic Therapy.'

Reporter: Dr Francis McLaughlin (Baltimore).

3. *The Silent Patient*

Dr Rudolph M. Loewenstein (N.Y.): Introduction.

Dr Jacob A. Arlow (N.Y.): 'Silence and the Theory of Technique.'

Dr Leo S. Loomie, Jr. (N.Y.): 'Some Ego Considerations in the Silent Patient.'

Dr Meyer A. Zeligs (San Francisco): 'The Role of Silence in Transference.'

Dr Ralph R. Gresson (Beverly Hills): 'Silence as Communication.'

Reporter: Dr Herbert F. Waldhorn (New York).

4. *Some Theoretical Aspects of Early Psychic Functioning*

Dr Leo Rangell (Beverly Hills): 'The Role of Early Psychic Functioning in Psycho-analysis.'

Dr L. Rubinfine (N.Y.): 'A Survey of Freud's Writings on Earliest Psychic Functioning.'

Dr John D. Benjamin (Denver, Colo.): 'Some Developmental Data Relating to the Theory of Anxiety.'

Dr Rudolf Ekstein (Los Angeles) and Dr Leo Rangell (Beverly Hills): 'Reconstruction and Theory Formation.'

Dr Rene A. Spitz (Denver, Colo.): 'Earliest Prototypes of Ego Defences in the First Year of Life.'

Dr Margaret E. Fries (N.Y.): 'Early Object Relationships.'

Reporter: Dr David L. Rubinfine (New York).

Scientific Papers

Dr Norbert Bromberg (Tarrytown, N.Y.): 'Totalitarian Political Ideology as a Defence Technique.'

Dr Gove Hambidge, Jr. (Minneapolis): 'Primary (Categorical) Degradation of the Ego.'

Dr John D. Benjamin (Denver, Colo.) and Katherine Tennes (Denver, Colo.): 'A Case of Pathological Head Nodding.'

Dr Andrew Peto (N.Y.): 'On the Disintegrative Effect of Interpretations.'

Dr Maurie De Pressman (Elins Park, Pa.): 'Silence in Analysis.'

Dr Harold F. Searles (Rockville): 'Integration and Differentiation in Schizophrenia.'

Dr Paula Elksch and Dr Margaret S. Mahler (N.Y.): 'The "Influencing Machine" in the Light of the Psychotic Child's Body Image Development.'

Dr James F. Bing (Baltimore); Dr Francis McLaughlin (Baltimore) and Dr Rudolf Marburg (Baltimore): 'The Metapsychology of Narcissism.'

Dr Charles W. Socarides (N.Y.): 'Pre-Genital Conflict in Fetishism.'

Dr Robert A. Savitt (N.Y.): 'Orality, Addiction, and Pre-Orality.'

Dr Philip Weissman (N.Y.): 'A Study of the Characteristic Superego Identifications of Obsessional Neurosis.'

Dr Peter A. Martin (Detroit): 'Scierneuropsia—A Previously Unnamed Psychogenic Visual Disturbance.'

Dr Norman Reider (San Francisco): 'Percept as a Screen: Economic and Structural Aspects.'

Dr Clyde H. Ward (Philadelphia): 'Some Further Thoughts on the Examination Dream.'

Dr Therese F. Benedek (Chicago): 'Parenthood as a Developmental Phase—A Contribution to the Libido Theory.'

Brief Communications

Dr Irving Berent (Detroit): 'A Note on Pan-handling.'

Dr Z. Alexander Aarons (N.Y.): 'The Psychogenesis of an Asthmatic Attack.'

Dr Morton M. Golden (Brooklyn): 'The Saturday Night Exhibitionist.'

Dr Burness E. Moore (N.Y.): 'Congenital versus Environmental: An Unconscious Meaning.'

Dr Joseph Wm. Slap (Philadelphia): 'Identification in the Service of Denial.'

Dr Renato J. Almansi (N.Y.): 'The Face-Breast Equation.'

Dr Morris W. Brody and Dr Philip M. Mech-nick (Philadelphia): 'Looking Over the Shoulder.'

Dr Wm. G. Niederland (N.Y.): 'Schreber's Father.'

REPORT OF THE 46TH ANNUAL MEETING

*Panel Discussions*1. *Criteria for Analysability**Criteria Mainly relevant to the Analytic Situation*

Dr Elizabeth R. Zetzel (Cambridge, Mass.): 'Introductory Remarks: The Analytic Situation and the Analytic Process.'

Dr Herbert F. Waldhorn (New York): 'Some Technical and Theoretical Observations Concerning Assessment of Analysability.'

Criteria Mainly Relevant to the Analytic Process

Dr Aaron Karush (New York): 'Analysability and the Factors in Ego Integrative Strength.'

Dr Sidney Levin (Brookline, Mass.): 'Retrospective Evaluation of Some Factors Relevant to the Analytic Process.'

Reporter: Dr Samuel A. Guttman (Pennington, N.J.).

2. *Psychosomatic Diseases in Children and Adolescents*

Dr Sidney G. Margolin (Denver): 'A Contribution to a Theory of Regression.'

Dr Lucie Jessner and Dr David Wilfred Abse (Chapel Hill, N.C.): 'Regressive Forces in Anorexia Nervosa.'

Reporter: Dr Bertram J. Gosliner (New York).

3. *The Psychology of Imagination*

Dr David Beres (New York): 'The Psycho-analytic Psychology of Imagination.'

Dr Victor H. Rosen (New York): 'Some Aspects of the Role of Imagination in the Analytic Process.'

Dr Phyllis Greenacre (New York): 'Play and Creative Imagination.'

Reporter: Dr Heinz Kohut (Chicago).

4. *The Teaching of Psychoanalytic Technique*

Rudolf Ekstein, Ph.D. (Los Angeles): 'An Historical Survey on the Teaching of Psycho-analytic Technique.'

Participants: Dr Grete L. Bibring (Cambridge, Mass.), Dr Karl A. Menninger (Topeka), Dr Annie

Reich (New York), Dr Robert Waelder (Philadelphia).

Reporter: Dr Rudolf Ekstein (Los Angeles).

Scientific Papers

Dr Max Warren (Detroit): 'The Significance of Visual Images during the Analytic Session.'

Dr Max Stern (New York): 'Blank Hallucinations.'

Dr Irving D. Harris (Chicago): 'Typical Anxiety Dreams and Object-Relations.'

Dr Nathaniel Ross (New York): 'Rivalry with the Product.'

Dr Sanford M. Izner (Detroit): 'On the Transition of a Masturbation Fantasy during the Course of Psycho-analysis.'

Dr Mortimer Ostow (New York): 'The Psychic Function of Depression: A Study in Energetics.'

Dr Norbert Bromberg (Tarrytown, N.Y.): 'Psychophysiological Bases of Masochism.'

Dr Ernest A. Rappaport (Chicago): 'Preparation for Analysis.'

Dr Robert Gronner (Chicago): 'Contingency and Certainty (a Reductionist Hypothesis regarding the Borderline States).'

Dr Joachim Flescher (New York): 'On Regression and its Therapeutic Management.'

Dr Helen R. Beiser (Chicago): 'Dying and the Death Instinct.'

Dr Marjorie R. Leonard (Beverly Hills): 'Problems in Identification and Ego Development in Twins.'

Mrs. Lili E. Peller (New York): 'Defensive Fantasies in Literature: The Night Parents.'

Dr Kenneth H. Gordon, Jr (Philadelphia): 'Ego Development Observed during the Treatment of an Atypical Child.'

Dr James T. McLaughlin (Pittsburg): 'The Analyst and the Hippocratic Oath.'

Dr Jose Barchilon (New York): 'Premature Progression as a Defence Mechanism.'

Dr Gilbert J. Rose (Norwalk, Conn.): 'Scanning and Screening in an Acute Aggressive Episode.'

Dr Richard Karpe (West Hartford, Conn.): 'The Rescue Complex in Anna O's Final Identity.'

Dr Bela Mittelman (New York): 'Expressive, Autoerotic and Autoaggressive Movements in Normal, Neurotic, Blind and Schizophrenic Children.'

Dr Bertram D. Lewin (New York): 'Educational Concepts and Psycho-analytic Education.'

Brief Communications

Dr Terry C. Rodgers (New York): 'From Reformer to Persecutor—A Case Report.'

Dr Edward D. Joseph (New York): 'Cremation, Fire and Oral Sadism.'

Dr Leon L. Altman (New York): '"West" as a Symbol of Death.'

Dr Peter A. Martin (Detroit): 'Another Meaning of the Symbolism of the Bridge.'

Dr Gove Hambidge, Jr (Minneapolis, Minn.): 'Psycho-analysis and Family Therapy.'

Dr Thomas A. Petty (Grosse Pointe, Mich.) and Dr Viggo W. Jensen (Detroit): 'Further Consideration of the Rescuer in the Fantasy of being Rescued in Suicide.'

Dr Zelda Teplitz (Chicago): 'Pets in Relation to Maturation and the Sense of Identity.'

Dr Mortimer Ostow (New York): 'The Metapsychology of Autoscopic Phenomena.'

Section on Psycho-analysis: Joint Meeting of American Psychiatric Association and American Psychoanalytic Association

Chairman: Dr Norman Reider (San Francisco).

Secretary: Dr Robert T. Morse (Washington, D.C.).

Experimental Studies in Perception: Theoretical and Clinical Implications

1. George S. Klein, Ph.D. and Robert R. Holt, Ph.D. (Research Center for Mental Health, New York University, New York 3, N.Y.): 'Problems and Issues in Current Studies of Subliminal Activation.'

2. Dr Charles Fisher (F.A.P.A., Mt. Sinai Hospital, New York 28, N.Y.): 'Subliminal and Supraliminal Influences in Dreams.'

3. Lester Luborsky, Ph.D., and Howard Shevrin, Ph.D. (Menninger Foundation, Topeka, Kansas): 'Subliminal Stimulation and Defensive Style.'

4. Dr I. Arthur Mirsky (F.A.P.A., 3811 O'Hara Street, Pittsburgh 13, Pa.): 'Affective Responses of Monkeys to Visual Stimuli.'

CANADIAN PSYCHOANALYTIC SOCIETY

1637 Sherbrooke Street West, Montreal 6, Quebec

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Irvine Schiffer (Toronto): 'Observations on Eyes and Eye Posturology in Analysis.' Hôpital Ste. Justine, Montreal.

Dr T. Szasz (Syracuse, N.Y.): 'Discussion of his book: 'Pain and Pleasure.'

Dr W. C. M. Scott (Montreal): 'Identification.' Hôpital Ste Justine, Montreal.

Film Show and Discussion of Norman McLaren Cartoons. Jewish General Hospital, Montreal.

Dr J. Aufreiter (Montreal): 'A Case of a Schizophrenic Girl.' Jewish General Hospital, Montreal.

Dr N. B. Epstein (Montreal): 'Ego Problems in Psychoanalytic Technique.' Jewish General Hospital, Montreal.

Dr G. Bychowski (New York): 'The Fringe of the Psychosis.' Cody Hall, Toronto.

Dr Bruce Ruddick (New York): 'The Creative Trance' (Preliminary Report). Jewish General Hospital, Montreal.

Dr M. Balint (London, England): 'Primary Love.' Jewish General Hospital, Montreal.

Prof. André Lussier and Dr J. B. Boulanger (Montreal): 'Psychothérapie et Psychanalyse: Considérations psychodynamiques sur un cas de malformation congénitale.'

Dr T. Statten (Montreal): 'Les Angoisses et les défences chez l'enfant déprimé.'

Additional Events

Dinner Discussion in Montreal of the *Problem of Statistics in Psycho-analysis*, with Dr H. Weinstock as guest.

Drs Boulanger, MacLeod and Scott represented the Canadian Psychoanalytic Society in a Joint Panel Discussion with the Psychiatric Section of the Montreal Medico-Chirurgical Society and the Société Canadienne d'Etudes et de Recherches Psychiatriques on the theme of Pregnancy and Parturition.

Several members and students attended the International Paediatrics Conference in Montreal. Dr Scott opened a discussion on Dr Char's paper: 'Psycho-analysis and Training in Paediatrics.'

Dr Parkin read a membership paper before a panel of the British Psycho-Analytical Society.

Joint Meeting with the Psychiatric Section of the Montreal Med. Chi. Society and the Société Canadienne d'Etudes et Recherches Psychiatriques in February 1959.

MEXICAN PSYCHOANALYTIC ASSOCIATION

Puebla No. 194, Mexico 7, D.F.

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr M. Deutch (New York): 'Group Dynamics.'

Dr M. Markowitz (New York): 'The Role of Authority in the Group.'

Dr A. Kadis (New York): 'Insights Gained from Group Psychotherapy.'

Dr Fernando Cesarman: 'Change of Object-relations during Treatment of a Homosexual Patient.'

Dr Lucie Jessner (Chapel Hill): 'Sexual Development in Women.'

Dr Gustav Bychowsky (New York): 'Release of the Introjects.'

Dr S. H. Foulkes (London): 'Changing Ideas as to the Doctor-Patient Relationship in Psycho-analysis.'

Dr Karl Menninger: 'On Training Analysis.'

Dr Francisco González Pineda: 'Psychotic Episodes in Hysteria.'

Dr Rudolf Ekstein (Los Angeles): 'Recent Problems in Teaching Psycho-analytic Technique.'

Dr Carlos Corona Ibarra: 'Foetal Reflex.'

Dr Luis Feder: 'Transference Crisis and Partial Mutations.'

Dr Santiago Ramírez: 'The Mother-Daughter Relationship and its Expression during the Menstrual Cycle.'

Dr Victor H. Aiza: 'Transference Mutations in the Treatment of a Homosexual.'

Dr Ramón Parres (given at the University of N. Carolina): 'Dynamics of the Mexican Family.'

Dr Ramón Parres (Alumni day Columbia University Psychoanalytic Clinic N.Y.): 'The Founding of the Mexican Psychoanalytic Association and Institute.'

Dr Rafael Barajas: 'Iatrogenic Disease.'

Dr F. Cesarman: 'Psycho-analytic Principles in Medicine.'

Dr José Luis González: 'Magic in Psychotherapy.'

Dr Ramón Parres: 'Psycho-analytic Education in Mexico.'

Dr F. Arizmendi: 'Organization of the Psychiatric Service at the Military Hospital.'

Dr J. Cardeña: 'A New Concept of the Patient.'

Dr F. Díaz Infante: 'Psychodynamics in Psychosomatic Medicine.'

Dr R. H. García: 'Psychoanalytic Approach to the Peptic Ulcer Patient.'

Dr G. Montaña: 'Treatment of Acute Schizophrenia.'

Dr L. Moreno Corzo: 'Psychotherapy for the General Practitioner.'

Dr A. Palacios: 'Psychological Problems in Young Diabetic Patients.'

Dr H. Prado Huante: 'Psychogenic Factors in Skin Diseases.'

Dr G. Valner: 'What is Psychosomatic Medicine?'

This Society has been concerned with social research in the psychology of the Mexican. The Editorial Programme was started in January 1959, with publication of two monographs; seven more books are forthcoming during the present year.

The Association organized a programme for the laity, of conferences and film exhibits on emotional problems and of the application of psycho-analytic theory to social studies, art and related disciplines.

SOUTH AMERICA

ARGENTINE PSYCHOANALYTIC ASSOCIATION

Anchorena 1357, Buenos Aires

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Arnaldo Rascovsky: 'Primitive Development of the Individual.'

Dr Heinrich Racker: 'Classical Technique and Present Techniques in Psycho-Analysis.'

Professor Arminda A. de Pichon Riviere: 'Psychoanalytic Teaching.' (The above three papers were discussed in a Round Table and subsequently presented at the Second Latin-American Psychoanalytic Congress at São Paulo.)

Dr Fidiás Cesio: 'Lethargy: A Contribution to the Study of Negative Therapeutic Reaction.'

Miss María Esther Morera: 'Some Aspects in the Analysis of a Child.'

Dr Rebe Grinberg: 'Characteristics of Object-Relations in a Claustrophobia.'

Dr Heinrich Racker: 'The Study of some Early Conflicts through their Return in the Analysand's Relation to Interpretation.'

Dr Alberto Campo: 'First Stages in the Analysis of a Child with Neuro-Dermatitis.'

Mrs Isabel L. de Lamana: 'Communication Difficulties and their Relation with Denial of Mourning.'

Dr Guillermo Arcila: 'Observations on 'Transference-Love' in a Clinical Case.'

Dr Carlos Plata Mujica: 'The Phenomenon of the Double and its Relations with Fetal Psychism.'

Mrs Madeleine Baranger: 'Homosexuality and Confusion.'

Dr Eduardo Teper: 'A Patient who Falls Asleep During the Sessions.'

Dr Adolfo Dornbusch: 'Some Reflections on a Psycho-analytic Treatment.'

Dr Janine Puget: 'A Doll in Life and in Psychoanalytic Treatment.'

Mr Willy Baranger: 'The Notion of "Material" and the Temporal, Prospective Aspect of Interpretation.'

Mrs Madeleine Baranger: 'Bad Faith, Identity, and Omnipotence.'

Dr Jorge Weil: 'Early Anxieties and Dissociation in Fetishism.'

Dr Rebe Grinberg: 'The Meanings of Looking in Claustrophobia.'

Miss María Esther Morera: 'Relation Between Oral and Anal Elements in a Case of Obsessional Neurosis.'

Dr Joel Zac: 'Notes on a Clinical Case. Learning in the Object Relationship.'

Dr Emilio Rodríguez: 'Play-Interpretation (A Study of Means of Expression).'

Dr Alberto Fontana: 'Links Between the Phantasy of Intrauterine Repression with Hypochondria and Psychopathy.'

Dr Gustavo Quevedo: 'Contributions to the Study of Magic.'

Dr Francisco Perez Morales: 'Aspects of the Analysis of a Prostitute.'

Dr León Grinberg: 'Relations between Analysts,' followed by a discussion on 'A Study of the Emotional Climate of Psycho-analytic Institutes.'

Dr Marie Langer: 'Psychological Difficulties of Beginner-Analysts.'

Lecture Course for Friends of the Argentine Psychoanalytic Association

This Association gave a lecture course for friends of the Argentine Psychoanalytic Association, which covered a wide variety of subjects.

The Association has also participated in the Second Latin-American Psychoanalytic Congress in São Paulo. The Members of the A.P.A. also took part in several congresses, such as those on Group Psychotherapy, Spanish American Medical Psychology, etc.

In the Association several scientific groups are at work, which are carrying out investigations of different kinds (Fetal Psychism, Psychosomatic Medicine, Counter-Transference, Psycho-analytic Technique, etc.).

BRAZILIAN PSYCHOANALYTIC SOCIETY (SÃO PAULO)

Rua Araujo, 165-5º, andar s/50, São Paulo

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

The Society held 21 Scientific and 9 Business Meetings. The following papers were read:

Dra A. Koch: "Primary Envy" in Early Childhood Development.'

Dr Darcy Uchoa: 'Psychopathology of Depersonalization.'

Drs Isaias Melsohn and Waldemar Cardoso: 'Primitive Mechanisms of Projection and Introjection from the Physiological and Psychological Point of View.'

Dra Zenaira Aranha (Rio de Janeiro): 'The Loss of the Object and its Relation to Interruptions during Analysis.'

Miss Margaret Gill: 'Technical Difficulties in a Paranoid Case.'

Dr Elgar de Almeida (Rio de Janeiro): 'Delusive and Delusory Ideas.'

Symposium: Dra Lygia Amaral, Dr Mario Yahn, and Dr Henrique Schlomann: 'On Paranoia and Homosexuality with Clinical Illustrations.'

Dr Darcy Uchoa: 'Diffusion and Social Importance of Psycho-analysis.'

Dr Durval Marcondes: 'Interpretation and Change.'

Symposium: Dra A. Koch, Mrs Judith Lazerda de Carvalho Andreuzzi (guest), and Dr Eduardo Etzel: 'Special Aspects in the Analysis of First- and Last-born Children.'

Dr Virgilio Bazant (guest): 'Case Presentation of a Paranoid Patient.'

Members of the Brazilian Psychoanalytic Society (São Paulo) participated in the Ibero-American Congress for Psychological Medicine in Rio de Janeiro.

RIO DE JANEIRO STUDY GROUP OF THE BRAZILIAN PSYCHOANALYTIC SOCIETY (SÃO PAULO)

(Grupo de Estudos da Sociedade Brasileira de Psicanálise São Paulo—no Rio de Janeiro)

Rua Bolivar, 54 gr. 1004. Rio de Janeiro, Brazil

The Rio de Janeiro Study Group of the Brazilian Psychoanalytic Society (São Paulo) was recognized at the Copenhagen Congress as an independent Component Society of the International Psycho-Analytical Association.

Scientific Meetings

During the year 1958-59 the Study Group has held 26 Scientific meetings.

Scientific Papers (with Discussion)

Dr M. T. Moreira Lyra: 'Technical Problems in the Analysis of Children.'

Dr Decio S. de Souza: 'Some Technical Problems Concerning Interpretation.'

Dr Walderedo I. de Oliveira and Dr Ernesto La Porta: 'A Psychotics Group and the Psychotic Content of the Group Situation.'

Dr Zenaira Aranha: 'Anxieties and Defences caused by Week-end Interruptions.'

Dr Alcyon B. Bahia: 'Primitive Anxieties Occurring During the First Months of Analysis.'

Dr Walderedo I. de Oliveira: 'Parricide, Guilt, and Reparation.'

Dr Decio S. de Souza: 'Annihilation and Reconstruction of the World in a Case of a Schizophrenic Girl.'

Clinical Communications (with Discussion)

Dr M. T. Moreira Lyra: 'Clinical Notes on the Analysis of a Girl Two and a Half Years Old.'

Dr Decio S. de Souza: 'Clinical Notes on the Analysis of a Boy Eleven Years Old.'

Dr João Côrtes de Barros: 'Transferential Aspects Illustrated by Oniric Material.'

Dr Luiz de L. Werneck: 'Problems Occurring in the Analysis of a Paranoid Patient.'

Dr Pedro de F. Ferreira: 'The Two First Sessions in the Analysis of a Boy Five Years Old.'

Dr Mário Pacheco de A. Prado: 'Some Technical Aspects Concerning the Predominant Use of "Acting Out" and "Acting In" by an Adolescent Patient.'

Dr Luiz de L. Werneck: 'Notes on Counter-transference in the Analysis of a Case of a Paranoid Patient.'

Dr Inaura C. L. Vetter, Dr. João Côrtes de Barros, and Dr Luiz de L. Werneck: 'Problems of Suicide and Attempt at Suicide.'

Dr M. T. Moreira Lyra: 'Some Problems in the Analysis of a Child Ten Years Old.'

Dr Inaura C. L. Vetter: 'Comments on the Transferential Aspects of Manic Defence in a Hypochondriacal Patient.'

Dr Luiz de L. Werneck: 'Technical Problems Concerning the Interruption and Reassumption of Analytic Treatment.'

Dr Edgard G. de Almeida: 'Comments on the Termination of an Analytic Treatment—a Case Report.'

Dr Luiz de L. Werneck: 'Technical Problems on the Patient's Family.'

Dr Decio S. de Souza: 'Notes on a Schizophrenic Type of Behaviour in a Girl Patient.'

Discussion of Papers

Discussion of papers on the Termination of Psycho-analytic Treatment by A. Reich, E. Buxbaum, M. Milner, W. Hoffer, M. Balint, J. Rickman, H. Bridger, M. Klein, and S. Payne.

Discussion of papers by Dr Heinz Hartmann and Collaborators: 'Comments on the Formation of Psychic Structure', 'Notes on the Theory of Aggression', and 'Comments on the Psycho-analytic Theory of the Ego.'

Report

Dr Decio S. de Souza: 'Report on the 21st International Psycho-analytical Congress.'

Lectures

Lectures on psycho-analytic subjects were given in the 'Educational Research Institute' of the Municipality of the City of Rio de Janeiro by Drs Danilo Perestrello, Marialzira Perestrello, Pedro de Figueiredo Ferreira, and Walderedo I. de Oliveira.

Paper Read at the Brazilian Psychoanalytic Society (São Paulo)

Dr Edgard G. de Almeida: 'On the Prevalent Idea.'

CHILEAN PSYCHOANALYTIC ASSOCIATION

Casilla 6507, Santiago, Chile

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

E. Bondiek: 'The Technique of the Analysis of Transference.'

E. Bondiek: 'Psycho-analysis of a 3-year-old girl.'

H. Davanzo: 'Familiar Group in Dynamic Diagnostic.'

H. Ganzaraín: 'Relationships among Analysts.' Official Report to the 3rd Latin-American Congress of Psycho-Analysis which will take place in Santiago, Chile.

G. Gil: 'Psychotherapy of Marriage Problems.'

J. A. Infante: 'Dynamics of Female Promiscuity.'

I. Matte-Blanco: 'Problems of Objectivity in Psycho-analytic Investigation.' Official Report to the 2nd Latin-American Congress of Psycho-Analysis at São Paulo, Brazil, August 1958.

F. Oyarzún: 'Symbolism in the Work of E. Jones.'

F. Oyarzún: 'Formal Psychodynamisms. Contribution to Ego and Character Psychology and Psychopathology.'

S. Rodríguez: 'A Psychopathographic Study on Orlie Antoine de Tourens.'

E. Rosenblatt. 'Some Biographic and Neurotic Data on Sexual Impotence.'

G. Whiting: 'Doctor-Patient Relationship as a Basic Element in Psychotherapeutic Training of Students of Medicine.' Official Report to the 3rd Ibero-American Congress of Medicine and Psychology at São Paulo, August 1958.

Apart from the year's curriculum and selection

of candidates, this Association also took part in analytical group psychotherapy.

RIO DE JANEIRO PSYCHOANALYTIC SOCIETY

Rua Fernandes Guimarães 92, Botafogo,
Rio de Janeiro, Brazil

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Symposium Discussion on 'The Psychoanalytic Polyclinic.' Co-ordinator: Dr W. W. Kemper (8 meetings).

Edward S. Tauber: 'Dreams and Prelogical Experience.'

Dr Gerson Borsoi: Discussion on León Grinberg's paper 'Relationship Between Analysts.'

Drs Max Rosenbaum and Asya L. Kadis: 'Analytical Group Psychotherapy.'

Dr Sara Furquim de Almeida: 'On the Castration Syndrome—a Clinical Case.'

Dr Leão Cabernite: 'Dreams Drawings of a Psychotic Patient.'

Dr Helio Pellegrino: 'The Oedipus Complex—a New Re-evaluation.'

Dr Otavio Salles de Barros: 'The Language and the Analytic Situation.'

This Society has joined the 2nd Ibero-American Congress of Psychological Medicine, held at Rio de Janeiro (Brazil) in 1958, the 2nd Latin-American Psycho-analytic Congress at São Paulo (Brazil) in 1958, the 5th Congress of Psychiatry, Neurology, and Mental Hygiene held in Baía (Brazil) in 1958, the 10th Congress of Gastro-Enterology in 1957 (Rio de Janeiro) and the 1st Psycho-somatic Medicine Seminar (1958) held in Porto Alegre, Rio Grande do Sul (Brazil). It has joined in two Symposia in the 'Associação Paulista de Medicina' in São Paulo, Brazil and was in charge of lectures at the beginning of the course in Gynaecology and Obstetrics (1957) at the School of Medicine (University of São Paulo), and of one lecture at the Institute of Pediatrics in the University of Brazil (1957), and another in the School of Medicine (University of São Paulo, Ribeirão Preto, Brazil).

The Society has started a Polyclinic for giving psycho-analytic help to children and adults unable to pay for it. The main line of our work, in order that a large group can be helped, is *group analysis*. Thirty-two persons are being assisted, and more than eighty people were seen and interviewed by us. Three groups consisting of people with gastro-enterologic disturbances (eleven patients) are conducted at the School of Medicine in São Paulo (Hospital das Clínicas) with periodic laboratory and X-ray control, and one group of students from the fourth and fifth year of the School of Medicine (Univ. of São Paulo), all the three under psycho-analytic group technique. One case has been presented to the 10th Congress of Gastro-Enterology,

and to the Sociedade Brasileira de Psicanalise (São Paulo).

EUROPE

BELGIAN PSYCHO-ANALYTICAL SOCIETY

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr J. Bourdon: 'Les dépressions et leur psychothérapie.'

Le XXe Congrès des Psychanalystes de langues romanes s'est tenu à Bruxelles du 15 au 17 février 1958, sous les auspices de la Société Psychanalytique de Paris; deux rapports y furent présentés et discutés; par les Drs S. Nacht et P. Racamier: La théorie psychanalytique du délire; par le Dr Chr. Muller: Les thérapeutiques psychanalytiques des psychoses.

Etudes pendant ces 2 années. En séminaires cliniques: la phobie, l'hystérie, les perversions—les indications et contre-indications de la cure analytique. En séminaire de théorie et de textes: vue d'ensemble à l'aide des travaux de S. Freud: 'Abrégé de psychanalyse', 'Technique psychanalytique', 'Essais de psychanalyse' et plus particulièrement 'La Moi et le Soi.'

En séminaires de théorie de la technique: Les principes de base de la technique dans l'analyse de l'adulte.

En séminaires de technique: Etudes d'anamnèses; d'un cas d'homosexualité et d'un cas d'hystérie.

En plus, un nombre de séances a eu lieu, pendant lesquelles des cas ont été présentés par des membres, illustrant le criterium d'indication et de contre-indication d'analyse. Un nombre de séances a été consacré à la discussion du traitement en groupe.

BRITISH PSYCHO-ANALYTICAL SOCIETY

63 New Cavendish Street, W.1.

LIST OF SCIENTIFIC MEETINGS 1958-59

The Society has held 15 Scientific Meetings during the academic year 1958-59.

Dr C. F. Rycroft: 'The Analysis of a Paranoid Personality.'

Dr H. Rosenfeld: 'Psychopathology of Hypochondriacal States.'

Dr J. Bowlby: 'Separation Anxiety.'

Dr J. Bowlby: 'Continuation of Discussion of "Separation Anxiety".'

Dr J. Bowlby: 'Continuation of Discussion of "Separation Anxiety".'

Mr J. Robertson: 'Short excerpt from the film "A Two Year Old Goes to Hospital" followed by the film "Going to Hospital with Mother".'

Mr Masud Khan: 'Regression and Integration in the Analytic Setting.'

Mr J. J. Sandler: 'On Feeling Safe.'

Dr D. W. Winnicott: 'Classification.'

Dr S. S. Davidson: 'On Catatonic Stupor and Catatonic Excitement.'

Dr W. Hoffer: 'A Reconsideration of Freud's Concept "Primary Narcissism".'

Dr H. S. Klein: 'The Use of Analysis in a Child Psychiatric Unit.'

Dr D. Meltzer: 'Note on a Transient Inhibition of Chewing.'

Dr B. Morrison: 'A Comparison of Biologically Determined with Psychologically Determined Behaviour in Children in Hospital.'

Dr M. Little: 'The Beginning of a Sublimation.'

Dr M. Gitelson (Chicago): 'A Critique of Current Concepts in Psychosomatic Medicine.'

MEMBERSHIP PANEL

During the year 5 Associate Members have read Membership Papers before the Panel and were recommended for full membership.

List of Papers read to the Membership Panel

Dr H. M. Southwood: 'Hysterical Pseudo-Memories and Dream States.'

Dr A. Limentani: 'Some Observations on a Case of Hysteria with Schizoid Features.'

Dr I. Gluck: 'Some Aspects of the Analysis of an Animal Phobia.'

Dr J. Klauber: 'An Urethral Fixation in a Megalomaniac Patient.'

Dr F. W. Graham: 'A Case of Learning-Inhibition.'

CLINICAL ESSAY PRIZE

Eleven entries were received for the 1958 Prize and the Judges were unanimous in recommending Mr J. J. Sandler, London, as the Prize-winner for his essay entitled 'The Body as Phallus'. The essay was published in Part 3/4 of Volume 40 of the *International Journal of Psycho-Analysis*.

REPORT OF THE AUSTRALIAN SOCIETY OF PSYCHO-ANALYSTS

(The Australian Branch of the British Psycho-Analytical Society)

Scientific Meetings

Mrs V. Roboz (by invitation): 'The Analysis of a Compulsive Character.'

Dr R. Rothfield: 'Review of a visit to New York at the time of the Fall 1958 Meeting of the American Psychoanalytic Association.'

DANISH PSYCHO-ANALYTICAL SOCIETY

Scientific Meetings, 1958-59

Margareta Bjerg Hansen, Ph.D.: 'Die Sublimierung.'

Dr Donald Buckle: 'Some Applications of Psychoanalysis in the Work of W.H.O.'

Dr Thorkil Vanggaard: 'The Concept of Neurosis.'

Reimer Jensen, Ph.D.: 'Treatment of Stammerer.'

Dr Mary Fallesen: 'A Borderline Case.'

Seminars, 1958-59

Dr Thorkil Vanggaard: 'Clinical and Technical Seminars.'

Dr Erik Bjerg Hansen: 'Psychopathology based on Otto Fenichel: The Psycho-analytic Theory of Neurosis.'

DUTCH PSYCHO-ANALYTICAL SOCIETY

J. W. Brouwersplein 21, Amsterdam Z.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

A. de Blecourt: 'Clinical Report.'

H. M. Engelhard: 'Clinical Report.'

Dr J. T. Barendregt and Dr J. Bastiaans: 'Results of the T.N.O.-Research.'

Dr Mrs E. C. M. Frijling-Schreuder: 'Indications for Psychotherapy in the Latency Period.'

Dr H. Musaph: 'Considerations on Itching.'

Mrs C. V. van Norden-Tan: 'Clinical Report.'

GERMAN PSYCHO-ANALYTICAL SOCIETY

Berlin-Schmargendorf, Sulzaer Strasse 3

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Edeltrud Seeger: 'Ein Fall eines begapten Psychopathen mit Verwahrlosungserscheinungen.'

Frau Dworschak (Wien): 'Psychoanalyse u. Sozialarbeit.'

H. E. Richter: 'Familiensoziale Rolle u. Neurose'

Helmut Thomä: 'Psychoanalyse der Nagersucht.'

H. E. Richter: 'Familiensoziale Rolle und Neurose, II Teil.'

Hans Joachim Dannenberg: 'Analyse eines jugendlichen Stotterers.'

Irmgart Morgan: 'Behandlung einer hysterischen Patientin.'

Fabian X. Schupper: 'Behandlung eines Falles von Homosexualität.'

Finn Hansen: 'Ein Fall von Kontaktstörung bei einer jungen Frau.'

Margarete Schmidt: 'Behandlung eines körperbehinderten Jungen mit psychogener Lernstörung.'

Gerhard Maetze: 'Ideologiebegriff und seine Bedeutung für die Neurosen-therapie.'

Wolfgang Auchter: 'Psychoanalyse im Gefängnis.'

Elise Schulte: 'Behandlung eines Falles von Enuresis.'

Renate Staewen: 'Bericht des bisherigen Behandlungsverlaufes einer Neurose mit phobischer und konversionshysterischer Symptomatik.'

Hermann Argelander: 'Die Bedeutung des Rorschach Tests für die psychosomatische Medizin.'

Margarete Mitscherlich: 'Eine Zwangsneurose mit einem unvollständig ausgebildeten Abwehrmechanismus der Isolierung und primärer Angst.'

Hermann Argelander: 'Ein Fall von Neurodermatitis.'

Erich Simenauer: 'Neuere Indikationen zur Psychoanalyse.'

Erich Simenauer: 'Falldarstellung einer Angst-hysterie mit psychosomatischen Komplikationen.'

ITALIAN PSYCHO-ANALYTICAL SOCIETY

Via E. Novelli 11, Roma

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Lectures

Several lectures on psycho-analytic subjects were given in Italian Universities and Learned Societies by Professor E. Servadio, Professor C. Musatti, and Professor Perrotti. Professor Servadio also lectured on several occasions on the Italian Radio.

Congresses

Individually, leading Members of the Italian Society have participated in many National and International Congresses (of Psychology, Psychiatry, Social Sciences, Parapsychology, etc.)

Research

The Society as such has not been concerned in any special research project or topics of special interest. Some members, however, have been doing so. Professor E. Servadio has continued his long-standing investigation regarding the psychodynamic study of alleged parapsychological phenomena. Professor C. Musatti has started a study regarding the confrontation of psycho-analytic and reflexological theories.

Scientific Meetings

During the period 1958-59 the Italian Society did not hold any meetings, but it was established that periodical scientific meetings will be held twice a year starting at the beginning of the academic year 1959-60.

PARIS PSYCHO-ANALYTICAL SOCIETY

187 Rue Saint-Jacques, Paris V

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Exposé du Dr Grunberger: 'Considérations sur l'Oralité et la Relation d'Objet Orale.'

Introduction par le Dr Luquet et le Dr Luquet-Parat d'un colloque sur: 'La Psychanalyse Verbale de Groupe.'

Exposé de Mme. le Dr Luquet Parat: 'La Place du Mouvement Masochiste dans l'Evolution de la Femme.'

Poursuite de la discussion du colloque sur: 'La Psychanalyse Verbale de Groupe' introduit par le Dr Luquet et Mme le Dr Luquet-Parat.

Exposé des Dr Fain et Dr Marty: 'Aspects Fonctionnels et Rôle Structural de l'Investissement Homosexuel au Cours des Traitements Psychanalytiques d'Adultes.'

Exposé du Dr Stein: 'La Mort d'Œdipe.'

Exposé du Dr Grunberger: 'Etude sur la Relation Objectale Anale.'

Exposé par Mme Chasseguet-Smirgel: 'Du Anal dans la Formation de l'Image du Corps.'

Exposé du Dr F. Pasche: 'Freud et l'Orthodoxie Judéo-Chrétienne.'

Le Congrès des Psychanalystes de Langues Romanes, organisé par l'Association des Psychanalystes de Belgique sous les auspices de la Société Psychanalytique de Paris, avec le concours des Sociétés Psychanalytiques Italienne et Suisse, a eu lieu les 15, 16 et 17 Février 1958 à Bruxelles:

Rapport théorique: Dr S. Nacht et Dr P.-C. Racamier (Paris): 'La théorie psychanalytique de délire.'

Rapport clinique: Dr Ch. Muller (Lausanne): 'Les thérapeutiques psychanalytiques des psychoses.'

Un Séminaire de Perfectionnement a eu lieu à l'Institut de Psychanalyse les 24, 25 et 26 Mai, 1958. Il a réuni à Paris des psychanalystes ou des candidats psychanalystes français et étrangers inscrits à un Institut ou à une Société psychanalytique, mais que le lieu de leur résidence empêche de participer régulièrement aux activités de ces Instituts ou Sociétés. L'occasion leur a été ainsi donnée de se retrouver et de discuter des problèmes continuellement soulevés par la pratique et la théorie psychanalytiques.

Nous avons collaboré étroitement à la formation des candidats du Groupe Luso-Espagnol et au perfectionnement de ses membres. Un enseignement régulier a été assuré par le Dr Diatkine à Barcelone sous forme de séminaires de contrôles de cures d'adultes et d'enfants, de théorie et de technique psychanalytique. D'autres membres de notre Société ont effectué également des exposés à Barcelone ou à Madrid.

En outre un certain nombre de nos membres ont été appelés à faire des conférences hors de France:

Le Dr Nacht a fait un séminaire à Madrid les 16, 17 et 18 Mai 1959 sur 'Les critères de la fin du traitement psychanalytique et la technique de la terminaison de la cure psychanalytique.' Il a présenté, en collaboration avec le Dr Lebovici et le Dr Diatkine, un rapport au Premier Congrès de Psychanalyse d'Amérique Latine, qui a eu lieu à São Paulo en Août 1958, s'intitulant 'Enseignement de la psychanalyse.' Il a été empêché, pour des raisons indépendantes de sa volonté, de répondre à l'invitation de la Société Psychanalytique de Rio de Janeiro auprès de laquelle il devait faire deux mois d'enseignement psychanalytique.

Le Dr Lebovici, au cours de la réunion de Copenhague, a été chargé par l'Organisation Mondiale de la Santé de diriger le Groupe d'Études sur la prévention en Santé Mentale chez l'Enfant.

Le Dr Marty et le Dr Fain feront en Juin un exposé à l'Association des Psychanalystes de Belgique sur 'Les aspects de la recherche psychosomatique.'

Le Dr Diatkine, en plus des séminaires et des contrôles effectués au sein du Groupe Luso-Espagnol, a donné des conférences en Suisse Romande et en Espagne.

Le Dr Held a traité à Lausanne le sujet suivant: 'Les difficultés du début du traitement psychanalytique.'

Mme le Dr Luquet-Parat et le Dr Luquet ont fait un exposé à l'Association des Psychanalystes de Belgique.

Monsieur Mauco a fait des exposés à Alger sur: 'Le Chantage affectif dans la relation parentale,' et à Bruxelles sur: 'Les Conséquences d'un traumatisme oral.'

Le Dr Racamier a présenté au Colloque International sur les Délires, qui s'est tenu aux Rives de Prangins, un rapport sur 'Psychanalyse et délires.'

Nous mentionnons, pour mémoire, sans les citer en détail, les activités de nos membres résidant à l'étranger.

Un Traité de Psychanalyse est actuellement en préparation.

La Psychanalyse d'Aujourd'hui, ouvrage paru en 1956 sous la direction du Dr Nacht, a été traduite en espagnol sous le titre: '*El Psicoanálisis hoy*', et a fait l'objet d'un condensé à paraître à New York sous le titre: '*Psycho-analysis of Today*.'

SWEDISH PSYCHO-ANALYTICAL SOCIETY

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Edith Székely: 'Fragments from the Analysis of an Infantile Personality with Depressive Trends.'

Mrs Hjördis Simonsen: 'Silence as a Technical Problem in Analysis.'

Dr Bengt Naumann: 'A Case of Psychogenic Tremor.'

Klas Güettler, Ph.D.: 'Silence as a Technical Problem in a Case of Anorexia Nervosa.'

SWISS SOCIETY FOR PSYCHO-ANALYSIS

Gartenstrasse 65, Basel

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Frau Dr L. Parin-Mathey, 'Das Wunderkind und sein Scheitern.'

Madame Marcelle Spira: 'Etude du temps Psychologique.'

Frau Käthe Victorius: 'Über einen Fall von Agoraphobie.'

Dr Arno von Blarer: 'Gewähren und Versagen in der Psychoanalyse eines phallisch narzisstischen Homosexuellen.'

Dr h.c. Hans Zulliger: 'Über den Kastrationskomplex und Penisneid bei normalen Kindern.'

Direktor Dr med. Kielholz: 'Humor im Irrenhaus.'

Dr h.c. Hans Zulliger: 'Eine Deckerinnerung.'

Dr Ulrich Moser: 'Übertragungsprobleme in der Analyse eines chronisch schweigenden Charakterneurotikers.'

Dr R. de Saussure: 'Metapsychologie du plaisir.'

Dr Harold Lincke: 'Die Genese der Identifizierung und des Überichs.'

Dr de A. Zweig: 'Tierpsychologische Beiträge zur Phylogenese der Ich und Überich Instanzen.'

Dr med. F. Singeisen: 'Psychotherapie einer Depression.'

Dr med. Hans K. Maurer: 'Psychoanalyse eines infantilen Sexualneurotikers.'

Dr Pedro Luzes: 'Analyse d'un cas de névrose phobique.'

Gaston Descombes: 'Le Symbolisme du feu et de l'urine dans un cas de névrose.'

Dr med. A. E. Meyer: 'Analyseverlauf bei nicht-indiziertem Therapeutenwechsel.'

Dr med. Paul Parin: 'Die Abwehrmechanismen der Psychopathen.'

Professor Dr med. E. E. Krapf: 'Les Notions de Normalité et de Santé Mentale en Psychanalyse.'

VIENNESE PSYCHO-ANALYTICAL SOCIETY

Wien 1, Rathausstrasse 20

REPORT ON THE YEAR 1958-59 GIVEN AT THE ANNUAL GENERAL MEETING ON 10 MARCH, 1959

At the beginning of the year a festive meeting was held on 15 April, 1958, on the occasion of the 50th anniversary of the foundation of the Viennese Psycho-analytical Society. Dr Alfred Winterstein delivered the speech of the day.

At the same time a conference of training analysts of the Central-European Training Institute was held (14 April-15 April). Besides the training analysts of the Viennese Psycho-Analytical Society, the Vice-Presidents of the International Psycho-Analytical Association, Dr W. Hoffer, London, and Dr R. de Saussure, Geneva, as well as Dr Betlheim, Zagreb, Dr Ehebald and Dr Grodzicki, Hamburg, Dr van der Leeuw, Amsterdam, Dr Parin, Zurich, and Dr Scheunert, Berlin, took part.

The questions discussed were the co-operation in training as well as joint meetings, to be held regularly for about a week (beginning in Spring, 1959), for candidates and Members of the Austrian, German, and Swiss Societies. Teachers as well as guests of various psycho-analytic institutes would be invited to lecture on basic principles and problems of psycho-analysis, but these meetings should in no way resemble congresses where research work is presented and new theories debated. The training programme of the individual institutes concerned should thereby be improved and intensified and a chance be given to candidates to get to know other training analysts and their points of view.

Following the above conference, Dr Parin, Zurich, delivered a paper on his observations of primitive cultures in Western Africa.

Soon after these meetings, on 28 April, 1958, Dr Alfred Winterstein, Honorary President of the Viennese Psycho-analytical Society, died suddenly. With Dr Winterstein the Viennese Society has not

only lost its former President and representative of a 50-year-old tradition of the psycho-analytic movement, but also an image of scientific thoroughness and unshakable faith in the work of Sigmund Freud.

In the further course of the year of report the following scientific meetings were held:

Lecture given by Dr H. Strotzka on 'A Case of Character-Neurosis.'

Lecture given by Dr R. Sterba: 'Oral Invasion and Self-defence.'

Reading of a paper sent in by Dr Hansen-Kremenak, Copenhagen, on 'Sublimation.' Following this paper, Dr E. Buxbaum, Seattle, gave a report on ways children reacted to gadgets.

Lecture by Dr K. Eissler, New York, on 'Technical Problems of Analysis during Puberty.'

Lecture by Dr L. Bolterauer on the subject: 'Freud's Theory of Instincts and the Pleasure-Unpleasure-Polarity.'

Lecture by Dr Solms on 'Questions of Transvestitism.'

Lecture by Dr Bolterauer on 'The Theory of Instincts' (2nd Part).

Discussion on possibilities and indications for non-psycho-analytic psychotherapeutic methods. This discussion was to serve as starting-point for several scientific meetings on this subject in the future.

Lecture by Dr E. Heilbrun on 'A Case of Psychogenic Colour-blindness.'

Discussion of the two lectures given by Dr Bolterauer on 'The Theory of Instincts.'

Extending its scientific work, the Society started in the autumn of 1958 a post-graduate Seminar for its members, under the guidance of Dr Solms and Dr Heilbrun, where technical problems are treated. These seminars take place weekly, when no general scientific meeting is held. They are attended regularly by most members of the Society, full as well as associate, and have already proved productive.

Lecture by Dr Tea Genner-Erdheim on 'Conrad Ferdinand Meyer.'

Discussion on non-analytic ways of psychiatric treatment (Solms: medical treatment; Dworschak: casework).

Lecture by Dr H. Strotzka: 'Non-analytic Psychotherapy.'

Lecture by Dr R. Sterba on 'Michelangelo.'

Lecture by Dr L. Eidelberg: 'The Problem of Quantity.'

Lecture by Dr L. Friedman: 'Pregenital Identification and the Oedipus Situation.'

Lecture by Dr E. Ticho: 'Psycho-analysis and Psychotherapy.'

The Training Institute of the Viennese Psycho-analytical Association together with the German Psycho-analytical Association and the Swiss Psycho-analytical Society has organized a joint working conference at Anif near Salzburg the week of 22 to 27 March, 1959.

Seventy-six members and candidates of the three organizing societies as well as from Denmark, Finland, Holland, Israel, and Italy took part in these training sessions.

Dr R. Bak (President of the New York Psychoanalytic Society) was the guest speaker of the conference. His participation was made possible by the Psychoanalytic Foundation (New York).

The subjects of his two lectures were 'Perversions' and 'Schizophrenia.' He stressed the importance of the theory of the 'Aggressionstrieb' for the better understanding of these two groups of illnesses.

Speakers at the other scientific meetings were:

1. Doz. Dr L. Bolterauer (Wien) and Dr G. Scheunert (Berlin) on 'Triebtheorie'. Dr Bolterauer spoke on fundamental problems of the 'Trieblehre', Dr Scheunert on its development, especially with regard to the 'Aggressionstrieb'.

2. Dr H. Lincke (Zurich) and Dr F. Morgenthaler (Zurich) spoke on problems of the 'Traumlehre.' Dr Lincke presented mainly theoretical questions of the 'Traumbildung', while Dr Morgenthaler spoke on the interpretation of dreams during psychoanalytic treatment.

3. Dr E. Heilbrun and Dr P. Parin (Zurich), in their lectures, discussed theoretical questions. Dr Heilbrun pointed out special problems at the beginning as well as at the end of psychoanalytic treatment, and Dr Parin spoke on the counter-transference in the various forms of defence.

4. Doz. Dr W. Solms (Wien) presented problems of the 'Differential-diagnose' from the psychiatric-clinical as well as the psycho-analytic point of view.

ASIA

INDIAN PSYCHO-ANALYTICAL SOCIETY

14 Parshibagan Lane, Calcutta 9, India

REPORT OF SCIENTIFIC ACTIVITIES 1956-59

In 1956 Dr N. W. Chatterjee read a paper 'A Note on a Case of Drug Addiction.'

During the year 1957 the following papers were read:

Dr N. N. Chatterjee: 'A Case of Borderland Psychosis.'

Dr N. N. Chatterjee: 'A Case of Manic-Depressive Psychosis.'

Dr T. C. Sinha: 'On Wish.'

During the year 1958 the following papers were read:

Dr Pierre Lacombe: 'The Skin in the Child-Mother Bond.'

Dr B. Bose: 'The Phenomenon of Compulsion to Repeat and its Metapsychological Significance.'

Dr Harald Kelman: 'Prognosis in Therapy.'

Dr N. N. Chatterjee: 'A Case of Washing Mania.'

Besides these, group discussions on different topics of both academic and other technical characters were regularly held every month.

Our members at Bombay and other places also

met at intervals, read papers, and discussed various other problems.

ISRAEL PSYCHOANALYTIC SOCIETY

13 Disraeli Street, Jerusalem

REPORT ON SCIENTIFIC ACTIVITIES 1958-59

Dr V. Bental and Dr R. Jaffe: 'Multiple Perversions and the Question of their Therapy.'

Dr V. Haas: 'The Problem of the First-Born.'

Dr D. Jacobs: 'Special Problems in a Case of Asthma.'

Dr S. Nagler: 'Learning Inhibitions in a Mathematician.'

JAPAN PSYCHOANALYTICAL SOCIETY

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

1. The so-called 'A' members of the Japan Psychoanalytical Association (about 300 inclusive of the members not trained psychoanalytically) are the members who are recognized as those of the component Society of I.P.A. in Japan. (We discriminate this Society from the Japan Psychoanalytical Association, calling it Japan Psychoanalytical Society.) The number of recognized members was 28 in 1957 and 41, including the associate members, in 1959. The detailed information about this matter was presented in the President's report by Dr Hartmann at the Business Meeting of the 20th International Psycho-Analytical Congress in Paris (see *International Journal of Psycho-Analysis*, 39, 2-4, p. 281).

The training of candidates (educational analysis and supervision) had been actively performed chiefly by the President, Dr Kosawa, until last year. But now, as he has been sick since then, the number of the students under training is decreasing.

The scientific meetings of the Japan Psychoanalytical Society have usually been held together with the meetings of the Japan Psychoanalytical Association. The main meeting was the annual general meeting, and details are given below. Research projects and changes in policy were also discussed at this annual general meeting. Twenty scientific meetings were held during this period.

2. *Special Projects:* (a) Studies on structures and processes of orthodox technique. (b) Problems of learning Psycho-analysis in Japan. (Symposium at the 4th Annual General Meeting of the Japan Psychoanalytical Association.)

Third Annual General Meeting of the Japan Psychoanalytical Association

The Third Annual General Meeting of the Japan Psychoanalytical Association was held at Keio University Hospital in Tokyo on 12 and 13 October, 1957. The total attendance at this meeting was about 200, and eighteen subjects of studies in all were presented at the General Scientific Meeting.

1. The main subjects presented by the members of the Japanese Branch of I.P.A. who are recognized officially by the Branch (inclusive of active and associate members) were:

Dr Masahisa Nishizo (Psychiatric Dept. of Kyushu Univ.): 'Oral Regression Observed in the Course of Psycho-analytic Therapy.'

Dr Keigo Okonogi (Psychiatric Dept. of Keio Univ.): 'Studies on Analytic Situation and Analytic Process (V): 'The Secondary Operational Reaction (S.O.R.).'

Dr Kenji Suzuki (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Studies on a Case of Dysphonia (I): 'On Dreams in the Psycho-analytic Process.'

Dr Susumu Takahashi (Psychiatric Dept. of Keio Univ.): 'Studies on the Patients of Homosexuality (III).'

Dr Makoto Takeda and Dr K. Tamura (Hiyoshi Hosp.): 'Psychological Responses during Insulin Treatment (II): 'On the Patient's Psychological Responses during Insulin Treatment.'

Dr Tadashi Abe (Psychiatric Dept. of Keio Univ.): 'Studies on the Psychodynamics of Psychogenic Tic, Psychogenic Facial Cramp, and Genuine Epilepsy.'

Dr Hirokazu Kurauchi (Psychiatric Dept. of Kyushu Univ.): 'A Trial Discussion on Hypnotic Regression Through the Use of Hypnosis.'

Dr S. Takahashi, Dr K. Okonogi, and Miss Reiko Kimura (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Study of Rorschach Test. 1. Examination of Roy Schafer's Thematic Analysis and Defence Interpretation.'

Dr Nobutaka Hirabayashi (Musashi National Mental Sanitarium): 'Psychodynamics of Interpersonal Relationship Between Patients, Nurses, and Doctors in Psychiatric Ward.'

Mr Jundo Oyama (Zen Buddhist Priest): 'The Theories of Psycho-analysis and Concept of the Three Consciousnesses (Vijñāna) in Buddhism (I): 'On the Id and Mana-Vijñāna.'

Mr Yoshio Kitami (Tokyo College of Science): 'Studies on Typical Dreams (II).'

These papers appeared in every issue of the *Japanese Journal of Psychoanalysis*, Vol. 5, published during 1958 and edited by the Japan Psycho-analytical Association.

2. The following three active members of the Japanese Branch of I.P.A. as guest speakers gave lectures as below:

Dr Taiji Miura (Professor of Psychiatry, Keio Univ., and Vice-President of the Japan Psycho-analytical Association): 'Problems of Psycho-somatic Medicine.'

Dr Takeo Doi (Psychiatric Dept. of St Luke's International Hosp.): 'Development of Ego Psychology.'

Dr Koichi Ogino (Assistant Professor of Nanzan Univ.): 'Psycho-analysis in France.'

3. The Business Meeting of the Japan Psycho-

analytic Society as the Japanese Branch of I.P.A. was held on the afternoon of 13 October, and agreement was reached to separate as a general rule the Japan Psychoanalytical Association from the Japan Psychoanalytical Society and to entitle the recognized members of the latter to be 'A' members of the former.

Fourth Annual General Meeting of the Japan Psychoanalytical Association

The Fourth Annual General Meeting of the Japan Psychoanalytical Association was held at Keio University Hospital in Tokyo on 11 and 12 October, 1958. The total attendance at this meeting was over 250.

1. Twenty-two subjects of studies in all were presented at the General Scientific Meeting. Among those below mentioned are the main subjects of the scientific programme presented by the members who are recognized as those of the Japanese Branch of I.P.A. (inclusive of active members and associate members who are recognized as those of the Japanese Branch of I.P.A.).

Dr Makoto Takeda (Psychiatric Dept. of Keio Univ.): 'A Report on a So-called Border-line Case.'

Dr Tadashi Abe (Psychiatric Dept. of Keio Univ.): 'Psychotherapy of Schizophrenia.'

Dr Masahisa Nishizono (Psychiatric Dept. of Kyushu Univ.): 'Report on an Obsessive-Compulsive Neurotic Case Manifesting Schizophrenic State During Psycho-analytic Therapy.'

Dr Keigo Okonogi (Psychiatric Dept. of Keio Univ.): 'Studies on the Analytic Situation and Analytic Process (VII): 'Technical Aspect of Resistance Analysis in the Introductory Phase.'

Dr Tatsuo Shikano (Psychiatric Dept. of Keio Univ.): 'Analyst's Instruction on Regular Payment of Fees and its Affects on Patient's Transference.'

Dr Kenji Suzuki (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Studies on Erythrophobia (I).'

Dr Noriko Sato (Hiyoshi Hospital): 'Psycho-analysis of a 6-year-old girl of Psychogenic Reaction with Regular Repetitions of the Ego State Experienced under Trauma and Amnesia of this Reaction.'

Dr Hirokazu Kurauchi (Psychiatric Dept. of Kyushu Univ.): 'Psycho-analysis of a Male Homosexual Patient—Psycho-analysis of Angle and Circle Symbols.'

Dr Susumu Takahashi (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Studies of Homosexual Patients (IV).'

Dr Tsuneichi Ogino (Nanzan Univ.): 'Psychodynamic Analysis of "Blick Phobie" (I).'

Dr Keigo Okonogi and Mrs Reiko Baba: 'Psycho-analytic Studies on Rorschach Test (Examination of Roy Schafer's Thematic Analysis and Defence Interpretation).' 11. Obsessive-Compulsive Defensive Operations in Test Responses.'

Mr Yoshio Kitami (Tokyo College of Science): 'Studies on Typical Dreams (III).'

Mr Jundo Oyama (Zen Buddhist Priest): 'The Theories of Personality in Psychoanalysis and the Concept of the Three Consciousnesses (Vijñāna) in Buddhism (II): In the Super-ego and Alaya-Vijñāna.'

2. The Association held a symposium, on Our Problems in Learning Psycho-analysis, on Sunday, 12 October.

Moderator: Dr Katsumi Kakeda (Psychiatric Dept. of Juntendo Medical College).

Members: Dr Shigeharu Maeda (Psychiatric Dept. of Kyushu Univ.); Dr Takeo Doi (St Luke's International Hosp.); Dr Keigo Okonogi (Psychiatric Dept. of Keio Univ.).

Each member reported on his experience of the educational psycho-analysis and supervision he had received, giving his own opinion about it, and various problems on educational psycho-analysis in Japan were constructively discussed by the participants in the symposium. And,

1. The meanings of educational psycho-analysis and supervision were reaffirmed.

2. Besides, various subjects on training candidates, which has been performed chiefly by Dr Kosawa and Dr Yamamura, were positively discussed to bring about the future development.

3. The opinion that as we have few training analysts at present it will be an obstacle to our future training analysis and in its turn to the development of psycho-analysis itself was recorded. (The contents of each member's remarks at this symposium were published in the *Japanese Journal of Psychoanalysis*, 5, 6.) This symposium is considered as greatly significant to the Japan Psychoanalytical Society also, since this is the first time that the meaning of the educational system of psycho-analysis has been clearly confirmed in Japan.

2. AFFILIATE SOCIETIES OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

ASSOCIATION FOR PSYCHOANALYTIC MEDICINE OF NEW YORK

20 East 65th Street, New York 21, N.Y.

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Robert A. Senescu: 'Technique of Psychotherapy of Patients with Malignant Neoplastic Disease.'

Dr Charles W. Socarides: 'Pregenital Conflict in Fetishism.'

Dr H. Donald Dunton and Dr Hilde Bruch: 'Psychological Observations on Children with Congenital Atresia of the Oesophagus.'

Dr Nathan W. Ackerman, Dr Paul Goolker and Dr Lionel Ovesey: 'Transference and Counter-Transference in Psychoanalytic Therapy.'

Dr Sandor Rado: 'The Therapeutic Process.'

Dr Nathan W. Ackerman: 'Family Diagnosis and Therapy.' Film Demonstration of Interview Process.

Dr Howard Davidman: 'Reflections on the Development of Congenital Blind Children.'

Dr Terry C. Rodgers: 'From Reformer to Persecutor.' A Case Report.

Dr Jack Sheps: 'Defences Against Aggression in Borderline States.'

Dr C. Downing Tait, Jr., Nina B. Trevvett, M.S.W., and Dr Emory F. Hodges: 'Psychoanalytic Study of Delinquents' Families in a Therapeutic Community.'

BALTIMORE PSYCHOANALYTIC SOCIETY

821 N. Charles Street, Baltimore 1, Maryland

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Drs Bing, Marburg and McLaughlin: 'The Concept of Narcissism.'

Dr Morris F. Oxman: 'Massive Seduction in a History of Childhood Neurosis.'

Dr Reginald S. Lourie: 'The Problems of Personality Development in Brain-damaged Children.'

1957-58 Post-graduate seminar: 'Fundamentals of Psychiatry and Psychosomatic Medicine—Principles of Diagnosis and Treatment.'

1958-59 Post-graduate seminars: 'Psychiatry for the Internist.' 'Psychiatric Aids to Pediatric Problems.'

THE BOSTON PSYCHOANALYTIC SOCIETY

15 Commonwealth Avenue, Boston 16, Massachusetts

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Gregory Rochlin, M.D.: 'The Loss Complex.'

Paul G. Myerson, M.D.: 'Awareness and Stress.'

Peter H. Knapp, M.D., and Joseph Nemetz, M.D.: 'Acute Bronchial Asthma.'

William F. Murphy, M.D.: 'Ego Integration, Trauma and Insight.'

The Society has participated in the following:

1. 25th Anniversary Celebration of Boston P.S.I.—30 November, 1958.

2. Edward Bibring Memorial Meeting: Anna Freud and David Rappaport, speakers—14 April, 1959.

3. Annual Spring and Mid-Winter meetings of the American Psychoanalytic Association.

The Society has also been concerned in the following projects:

1. Pilot Study on Patients Selected for Students' Clinical Cases (Institute Analysis).

2. Creation of Research Committee to stimulate

and foster research in clinical and theoretical aspects of psycho-analysis.

3. Levin, S.: 'A Study of Fees for Control Analysis.' *Bulletin of Phil. Assoc. for Psychoanal.*, 8, 3 September, 1958.

4. Workshop on 'The Conversion Process' and publication of *On The Mysterious Leap from the Mind to the Body*, F. Deutsch, Ed., Intern. Univ. Press, N.Y., 1959.

CHICAGO PSYCHOANALYTIC SOCIETY

664 N. Michigan Avenue, Chicago 11, Illinois

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Maxwell Gitelson: 'Psychosomatic Phenomena.' Conversion or Anxiety Equivalent? Theoretical and Therapeutic Implications.'

Dr Margaret Little: 'Notes on Technique in the Analysis of Transference Psychosis (Delusional Transference).'

Dr Thomas M. French and Dr David R. Wheeler: 'Hope and Repudiation of Hope in Psychoanalytic Therapy.'

Dr Arthur H. Schmale, Jr.: 'Unresolved Object Loss as an Antecedent to Medical Disease.'

Dr Robert Gronner: 'Contingency and Certainty: a Reductionist Hypothesis Regarding the Borderline States.'

Dr Joan Fleming and Dr Sol Altschul: 'Activation of Mourning in Psychoanalysis.'

Dr Robert Seidenberg: 'An Unusual Oral Symptom Complex.'

Dr Philip F. D. Seitz: 'Parental Exploitation and Masochistic Revenge.'

THE CLEVELAND PSYCHOANALYTIC SOCIETY

Hanna Pavilion, University Hospitals, 2040 Abington Road, Cleveland 6, Ohio

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Charles Brenner: 'The Masochistic Character: Genesis and Treatment.'

Discussion led by Dr Charles Brenner of his article: 'The Nature and Development of the Concept of Repression in Freud's Writings.' (*Psychoanalytic Study of the Child*, 1957).

Dr Samuel H. Lerner: 'The Daredevil.'

Dr Sibylle Escalona: Dr Escalona led in discussion of her two papers 'Problems in Psychoanalytic Research.' (*International Journal of Psychoanalysis*, 1952, 33, Part 1) and 'The Impact of Psychoanalysis upon Child Psychology.' (*Journal of Nervous and Mental Diseases*, May 1958, 126, No. 5).

Dr Grete L. Bibring: 'Some Aspects of a Pregnancy Project.'

Dr Walter Musta: 'The Analysis of the Passive Male.' (Some Clinical and Technical Aspects.)

Dr Jacob A. Arlow: 'The Concept of Regression and the Structural Hypothesis.'

Dr Jacob A. Arlow: 'Fantasy Systems in Twins.'

The Cleveland Psychoanalytic Society held a total of thirteen scientific meetings during this two-year period.

This Society also participated in the Joint Philadelphia-Cleveland Congress held annually in Philadelphia in June.

DETROIT PSYCHOANALYTIC SOCIETY

1112 Kales Buildings, Detroit 26, Michigan

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Michael Balint, M.D.: 'Object Relationship.'

John M. Dorsey, M.D.: 'The Perceptual System.'

William V. Silverberg, M.D.: 'Episodic Memory Lapses as a Resistance.'

J. Clark Moloney, M.D.: 'Testament of the Sun,' Part 1.

J. Clark Moloney, M.D.: 'Testament of the Sun,' Part 2.

LOS ANGELES PSYCHOANALYTIC SOCIETY

344 North Bedford Drive, Beverly Hills, California

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Leo Rangell, M.D.: 'The Nature of Conversion.'

Ralph R. Greenson, M.D.: 'Anxiety, Phobia and Depression.'

The Society has also participated in the following:

Anna Freud Lectures, 1958, jointly with the Institute and Society for Psychoanalytic Medicine of Southern California.

Camarillo State Hospital (Schizophrenia research project, under the National Institute of Mental Health).

Rand Corporation (Dr Aronson, a candidate, is permanent consultant on this project, but information is classified and not available for publication).

MICHIGAN ASSOCIATION FOR PSYCHO-ANALYSIS, INC.

18466 Wildemere Avenue, Detroit 21, Michigan

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Richard F. Sterba, M.D.: 'Present Status of Psychoanalysis in Middle European Countries.'

Jack Dorman, M.D.: 'Ego Autonomy.'

Alexander Grinstein, M.D.: '"Family Transference" and Acting Out.'

NEW JERSEY PSYCHOANALYTIC SOCIETY

377 S. Harrison Street, East Orange, New Jersey

The New Jersey Psychoanalytic Society was organized on 24 January, 1959.

It was accepted as an Affiliate Society by the American Psychoanalytic Association on 26 April, 1959.

THE NEW ORLEANS PSYCHOANALYTIC SOCIETY

1328 Aline Street, New Orleans 15, Louisiana

LIST OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Norman Rucker: 'Notes on a Training Program.'

Dr Anna C. D. Colomb: 'Further Remarks on Psychoanalytic Training.'

Dr Augusta Bonnard of London: 'Pre-Body-Ego Types of (Pathological) Mental Functioning.'

Dr Robert Gilliland: 'The Quest for Prestige as a Device to Promote Personal Acceptance.'

Dr Russell Monroe: 'Existentialism and Psychiatry.'

Dr Irwin Marcus: 'Research on the Accident Problem.'

Dr David Freedman: 'Women who Hate Their Husbands.'

THE NEW YORK PSYCHOANALYTIC SOCIETY

247 East 82nd Street, New York 28, N.Y.

LIST OF SCIENTIFIC ACTIVITIES 1958-59

Dr Martin H. Stein: 'Reconstruction and Fantasy.'

Dr John Frosch: 'Manifestations of the Family Romance in the Transference.'

Dr Robert C. Bak: 'Questions Regarding the Changing Concepts in the Theory of Psychoanalytic Etiology.'

Dr George Gero: 'Sadism, Masochism, Aggression—Their Role in Symptom Formation.'

Dr Arnold Z. Pfeffer: 'A Procedure for Evaluating the Results of Psychoanalysis.'

Dr Charles Fisher: 'Further Observations on the Poetzl Phenomenon: A Study of Day Residues.'

Dr Edward Joseph: 'An Unusual Fantasy in a Twin With a Discussion of the Nature of Fantasy.'

Dr Sylvia Brody: 'Rocking in Infancy.'

Dr Leo A. Spiegel: 'Self, Self-Feeling and Perception.'

Dr Charles Brenner: 'The Masochistic Character: Genesis and Treatment.'

Dr Anita I. Bell: 'The Psychological Consequences of Physical Illness in the First Three Years of Life.'

Dr Herman Nunberg: 'The Minutes of the Vienna Psychoanalytic Society—An Introduction' (Brill Memorial Lecture).

Dr Paula Elkisch (by invitation)—Dr Margaret S. Mahler: 'On Infantile Precursors of the "Influencing Machine" (Tausk).'

Dr Heinz Hartmann: 'Psychoanalysis and Moral Values' (Freud Anniversary Lecture).

Dr Edith Jacobson: 'The "Exceptions"; an Elaboration on Freud's Character Study.'

Dr Mortimer Ostow: 'The Psychic Function of Depression: A Study in Energetics.'

Dr Kenneth T. Calder, Dr Oscar Sachs, Dr

Julian L. Stamm, and Dr Walter A. Stewart: 'Identification.'

The Society has also been concerned in the following research projects or topics:

1. *The Gifted Adolescent Project*: This is a psychoanalytic study of a group of young adults with unusual creative gifts in the arts or sciences.2. *The 'Oberndorf' Project*: This is a follow-up study of the results of treatment of cases seen in the Treatment Center of the New York Psychoanalytic Institute and in private practice.3. *Study of Criteria for the Selection of Candidates*.4. *Predictions Project*: The prediction of suitability of a patient for analysis by a student analyst in supervision.

THE PHILADELPHIA ASSOCIATION FOR PSYCHOANALYSIS

122 South 18th Street, Philadelphia 3, Pennsylvania

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Albert J. Kaplan, M.D.: 'A Type of Oral Transference Resistance.'

Maurits Katan, M.D.: 'Freud's Article on Schreber.'

The Philadelphia Association participated in the Annual Freud Memorial Lecture.

THE PHILADELPHIA PSYCHOANALYTIC SOCIETY

1636 Walnut Street, Philadelphia 3, Pennsylvania

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Drs Aaron T. Beck, Herbert H. Herskovitz, and Leon J. Saul (Panelists): 'Role of Hostility in the Transference-Counter-Transference Relationship.'

Bertram D. Lewin, M.D. (Guest Speaker), Drs M. Royden C. Astley and Morris W. Brody (Society Discussants): 'The Analytic Situation—Topological Considerations.'

O. Spurgeon English, M.D. (Speaker), Drs Charlotte G. Babcock and Catherine L. Bacon (Society Discussants): 'Freud's Earlier Theories on Technique and their Usefulness in Therapy Today.'

Rudolph M. Loewenstein, M.D. (Guest Speaker), Catherine L. Bacon, M.D., and Edward J. Carroll, M.D. (Society Discussants): 'Some Controversial Problems of Psychoanalytic Theory.'

Irene M. Josselyn, M.D. (Guest Speaker); O. Eugene Baum, M.D. and O. Spurgeon English, M.D. (Society Discussants): 'A Study of Ulcerative Colitis in Children.'

THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK, INC.

20 East 68th Street, New York 21, N.Y.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Philip Weissman (by invitation): 'A Study of the Characteristic Superego Identification of Obsessional Neurosis.'

Dr Ludwig Eidelberg: 'A Slip of the Tongue.'

Dr Nathaniel Ross: 'Rivalry with the Product.'

Dr Melitta Sperling: 'A Study of Deviate Sexual Behaviour in Children by the Method of Simultaneous Analysis of Mother and Child.'

Dr Leon L. Altman: 'West as a Symbol of Death.'

Dr William G. Niederland: 'Some Technical Aspects Concerning Treatment of Obsessive-Compulsive Patients.'

Dr Gilbert J. Rose (by invitation): 'An Ego-Psychological Contribution to a Case of Murder.'

Dr Ludwig Eidelberg: 'The Concept of Rape.'

Dr Alan J. Eisnitz (by invitation): 'Mirror Dreams.'

Various members have participated in the meetings of the American Psychoanalytic Association in December 1957, May 1958, December 1958, and April 1959. Tenth Anniversary Celebration of the founding of the Division of Psychoanalytic Education (Institute) by Dr Sandor Lorand, 4 April, 1959.

Of special interest—Child Psychiatry Department in University. Department of Psychoanalytic Education is sponsoring and selecting lecturers for Problems of Adolescence. This ends in the spring and sixteen will be published.

Erratum

In the last Report of Scientific Activities of the Component and Affiliate Societies, published in Volume XL, Parts 3-4, page 268, Guest Lecturers were listed as speaking to the Psychoanalytic Association of New York when in fact they addressed the Division of Psychoanalytic Education, College of Medicine, State University of New York.

SAN FRANCISCO PSYCHOANALYTIC SOCIETY

2380 Sutter Street, San Francisco 15, California

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Albert J. Lubin, M.D.: 'A Feminine Moses.'

Mary Alice Sarvis, M.D.: 'Mr "Cephalitis"' (Psychotherapy with a Brain Damaged Boy).

Josephine Hilgard, M.D.: 'Disruption of Adult Ego Identity Related to Childhood Loss of a Mother Through Psychosis.'

Joseph Weiss, M.D.: 'Intensity as a Character Trait.'

Norman Reider, M.D.: 'Percept as a Screen: Economic and Structural Aspects.'

Meyer A. Zelig, M.D.: 'The Psychology of Silence.'

L. Bryce Boyer, M.D.: 'A Dream of a Western Athabaskan Medicine Man.'

Albert J. Lubin, M.D.: 'A Boy's View of Jesus.' 'The Influence of the Russian Orthodox Church on Freud's Wolf-Man: A Hypothesis.'

The San Francisco Psychoanalytic Society participated in the 1957 Western Divisional Meeting, American Psychiatric Society, joint meeting with

West Coast Psychoanalytic Societies, Los Angeles, California, 20-24 November.

Lectures by Anna Freud, 6, 7, 8 April, 1959.

Course on 'Psychoanalysis and Social Work.'

As a group the San Francisco Psychoanalytic Society/Institute has not been involved in research projects. However, several individual members are conducting research supported by grants from private and governmental foundations. Also a group with the Institute is involved in team research investigating the therapeutic process.

THE SEATTLE PSYCHOANALYTIC SOCIETY

2271 East 51st Street, Seattle 5, Washington

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Norman Reider, M.D.: 'Percept as a Screen.'

Douglass W. Orr, M.D.: 'Lionel Blitzsten as a Teacher.'

Fritz Schmidl, LL.D.: 'Psychoanalysis and Literary Criticism.'

E. S. C. Ford, M.D.: 'Functional Infertility and Associated Sexual Disorders.'

Richard Sterba, M.D.: 'Therapeutic Goals and Present Day Reality.'

Meyer Zelig, M.D.: 'The Psychology of Silence.'

THE SOCIETY FOR PSYCHOANALYTIC MEDICINE OF SOUTHERN CALIFORNIA

1819 North Curson Avenue, Los Angeles 46, California

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Gerald L. Goodstone, M.D.: 'The Analysis of a Knife Phobia.'

Franz Alexander, M.D.: 'Unexplored Areas in Psychoanalytic Theory.'

George W. Wilson, M.D.: 'Discussion of a Dream Pair by a Patient with Early Essential Hypertension.'

Franz Alexander, M.D.: 'Impressions from the 4th International Congress of Psychotherapy in Barcelona, Spain, September, 1958.'

Martin L. Grotjahn, M.D.: 'Psychoanalysis and History—A Review of E. Erikson's "Young Man Luther".'

George J. Wayne, M.D. and Arthur A. Clinco, M.D.: 'Some Reflections and Psychoanalytic Observations about Olfaction—with Special Reference to Olfactory Dreams.'

Joseph M. Natterson, M.D.: 'The Psychoanalysis of a Case of Pernicious Vomiting.'

Sydney L. Pomer, M.D.: 'Necrophilia and Choice of Pathology as a Medical Speciality.'

Louis Paul, M.D.: 'Repeated Emotionally-Toned Interpretations: A Parameter of undo Firm Defence Mechanisms of Denial and Avoidance.'

August Kasper, M.D.: 'Review of K. Menninger's "Theory of Psychoanalytic Technique".'

Alexander S. Rogawski, M.D.: 'A Letter by Sigmund Freud.'

Milton L. Miller, M.D.: 'A Discussion of Thomas French's "Integration of Behaviour".'

This Society sponsored jointly with the Los Angeles Society for Psychoanalysis a series of lectures by Miss Anna Freud during the month of March, 1959.

The Institute's Clinic Committee has had special interest and activity in the following subjects:

(a) Motivation and readiness for psychoanalysis. Several patients applying for treatment at our clinic have been referred for specific, limited, goal-oriented psychotherapy for the purpose of clarifying the problem, motivation and readiness. One such patient has been returned for reevaluation and has been accepted for clinic treatment.

(b) The need for clinic-supported psychotherapy to certain patients who could not be accepted as analytic patients. Included in this group are patients with unusual problems of research interest, patients with the potential of becoming clinic analytic patients after a period of trial psychotherapy, patients with the potential of becoming private patients after release of internal pressure and improvement of their economic status.

(c) Development of an Institute-oriented education course for interested lay people. The purpose of such a course is to inform and interpret the public service aspects of our Institute . . . with emphasis on the clinic, to assist them in setting up their own educational programme for themselves and interested people, and to stimulate interest and support for the underwriting of research projects.

(d) The psychoanalytic investigation of the emotional problems of transsexuals who wish 'conversion' operations. Circumstances allowed the Clinic Committee to become interested in this subject. A number of preoperative patients were interviewed to: (1) investigate the motive for the operation, and (2) try to determine the genesis of the feminine identity and the nature of the ego stability in this identity. The Committee plans to interview post-operative patients to: (1) investigate the personality after the operation, and (2) discover any possible sources of anxiety.

(e) The development of a careful screening procedure and criteria for evaluating patients for our candidates in training. Interviews are tape-recorded, and the following guide has been developed to aid in determining acceptability: (1) main complaints, psychoneurotic symptoms; (2) intellectual and work attainments above standard; (3) interpersonal relationships, showing some indications of maturity; (4) current emotional capacity and motivations, demonstrate strong drives for health and success; (5) goals of treatment obtainable in present environmental setting; (6) motivation and elasticity to shift identification and personality traits.

THE TOPEKA PSYCHOANALYTIC SOCIETY

3617 West Sixth Avenue, Topeka, Kansas

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

By Members of the Society:

Dr Karl Menninger: 'Footprints.'

Dr Ishak Ramzy: 'The Plurality of Determinants in Psychoanalysis.'

Dr Lester B. Luborsky: 'Artificial Induction of Day Residues.'

By Outside Guests:

Dr Margaret Little: 'Notes on Technique in the Analysis of Transference Psychosis.'

Dr Phyllis Greenacre: 'Play and Creative Imagination.'

Dr Maxwell Gitelson: 'A Critique of Current Concepts in Psychosomatic Medicine.'

Dr Charles Fisher: 'Subliminal and Supraliminal Influences on Dreams.'

Dr Charles Brenner: 'The Concept "Preconscious" and the Structural Theory.'

Some members of the Society are working on projects of the Menninger Foundation, in particular the Psychotherapy Research Project of the Foundation.

THE WASHINGTON PSYCHOANALYTIC SOCIETY

1720 M Street, N.W., Washington 6, D.C.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Daniel Prager: 'A Fantasy of Penis Grafting and Castration.'

Panel discussion on 'Negative Therapeutic Reaction.' Panel: Dr Rex E. Buxton, Dr Stanley L. Olinick, Dr Leon Salzman.

Panel discussion on 'Despair.' Panel: Dr Leslie H. Farber, Dr Herman A. Meyersburg, Dr Otto A. Will, Jr.

Dr David Eden: 'A Problem of Countertransference Anxiety.'

The Society has instituted a new category of members, designated as Research Affiliate Members. This membership is open to those individuals who are not physicians but whose principal occupation during the previous ten years has been in the field of pure or applied research or psychoanalytic investigation as applied to psychoanalytic theory and technique, or as applied to the allied sciences. This category of membership is created in order that non-medical applicants, trained in the Washington Psychoanalytic Institute, may continue a mutually profitable relationship with the Society upon the completion of their training.

WESTERN NEW ENGLAND PSYCHO-
ANALYTIC SOCIETY

333 Cedar Street, New Haven 11, Connecticut.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Augusta Bonnard, M.D.: 'Pre-Ego Body Types
of Pathological Mental Functioning.'

Roy Schafer, Ph.D.: 'On Generative Empathy.'

Samuel Ritvo, M.D., Sally Provence, M.D.,
Eveline Omwake, M.A. and Albert J. Solnit, M.D.,

'Report From a Longitudinal Study in Child Development.'

Lawrence S. Kubie, M.D.: 'A Neurosis from
Two to Seventy.'

Richard Karpe, M.D.: 'The Rescue Complex in
Anna O's Final Identity.'

Norman Cameron, M.D.: 'Introjection, Re-
projection and Hallucination in the Interaction of a
Schizophrenic Patient and his Therapist.'

Stanley A. Leavy, M.D.: 'Development of
Religiosity in Childhood.'

Alfredo Namnum, M.D.: 'On Secrets.'

ROSTER
INTERNATIONAL PSYCHO-ANALYTICAL
ASSOCIATION

1959-1960

117TH BULLETIN OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
PEARL H. M. KING, HON. SECRETARY

*LIST OF MEMBERS OF THE COMPONENT AND
AFFILIATE SOCIETIES OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION
1959-1960*

Issued August, 1960

We notice that in many instances the spelling of names of the individual members and their addresses differs on different lists sent to us by the Component Societies of the International Psycho-Analytical Association or by the Affiliate Societies of the American Psychoanalytic Association. In order to avoid such inconsistencies and errors in future listings, the individual members of each group are requested to notify the Hon. Secretary of the International Psycho-Analytical Association, Miss Pearl King, 37 Albion Street, London, W.2., England, DIRECTLY of the correct spelling of their names and their addresses, and of any change of address in future.

In order to save space and to make it possible to print the Roster annually we have decided not to repeat the addresses of members of the American Psychoanalytic Association in the list of members of the Affiliate Societies to which they belong.

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OFFICERS AND CENTRAL EXECUTIVE OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

Honorary President

Dr Heinz Hartmann, 1150 Fifth Avenue, New York 28, N.Y., U.S.A.

Honorary Vice-President

Mme Marie Bonaparte, 7 Rue du Mont-Valérien, Saint-Cloud (S. & O.), France

Officers (1959-1961)

President

Dr William H. Gillespie, 12 Devonshire Place, London, W.1., England

Vice-Presidents

Dr Grete L. Bibring, 47 Garden Street, Cambridge 38, Mass., U.S.A.
 Dr Ruth S. Eissler, 300 Central Park West, New York 24, N.Y., U.S.A.
 Miss Anna Freud, 20 Maresfield Gardens, London, N.W.3, England
 Dr Maxwell Gitelson, 55 East Washington Street, Chicago 2, Ill., U.S.A.
 Dr Willi Hoffer, 21 Grove End Road, London, N.W.8, England
 Dr Jeanne Lampl-de Groot, Haringvlietstraat 39, Amsterdam Z, Holland
 Dr Raymond de Saussure, 2 Tertasse, Geneva, Switzerland

Hon. Treasurer

Dr Phyllis Greenacre, 35 East 85th Street, New York 28, N.Y., U.S.A.

Hon. Secretary

Miss Pearl H. M. King, 37 Albion Street, Hyde Park, London, W.2, England

FORMER PRESIDENTS AND CONGRESSES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

	<i>Year</i>	<i>Place</i>	<i>President</i>
1st Congress	1908	Salzburg, Austria	Informal meeting
2nd "	1910	Nuremberg, Germany	Carl G. Jung
3rd "	1911	Weimar, Germany	Carl G. Jung
4th "	1913	Munich, Germany	Carl G. Jung
1914-1918: World War I			
5th "	1918	Budapest, Hungary	Karl Abraham
6th "	1920	The Hague, Holland	Ernest Jones (Prov. Pres.)
7th "	1922	Berlin, Germany	Ernest Jones
8th "	1924	Salzburg, Austria	Ernest Jones
9th "	1925	Bad Homburg, Germany	Karl Abraham
10th "	1927	Innsbruck, Austria	Max Eitingon
11th "	1929	Oxford, England	Max Eitingon
12th "	1932	Wiesbaden, Germany	Max Eitingon
13th "	1934	Lucerne, Switzerland	Ernest Jones
14th "	1936	Marienbad, Czechoslovakia	Ernest Jones
15th "	1938	Paris, France	Ernest Jones
1939-1945: World War II			
16th "	1949	Zurich, Switzerland	Ernest Jones
17th "	1951	Amsterdam, Holland	Leo Bartemeier
18th "	1953	London, England	Heinz Hartmann
19th "	1955	Geneva, Switzerland	Heinz Hartmann
20th "	1957	Paris, France	Heinz Hartmann
21st "	1959	Copenhagen, Denmark	William H. Gillespie

COMPONENT SOCIETIES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

NORTH AMERICA

AMERICAN PSYCHOANALYTIC ASSOCIATION

One East Fifty-Seventh Street, New York, 22, N.Y.

Officers

President

Bandler, Bernard, M.D., Mass. Memorial Hospitals,
750 Harrison Avenue, Boston 18, Mass.

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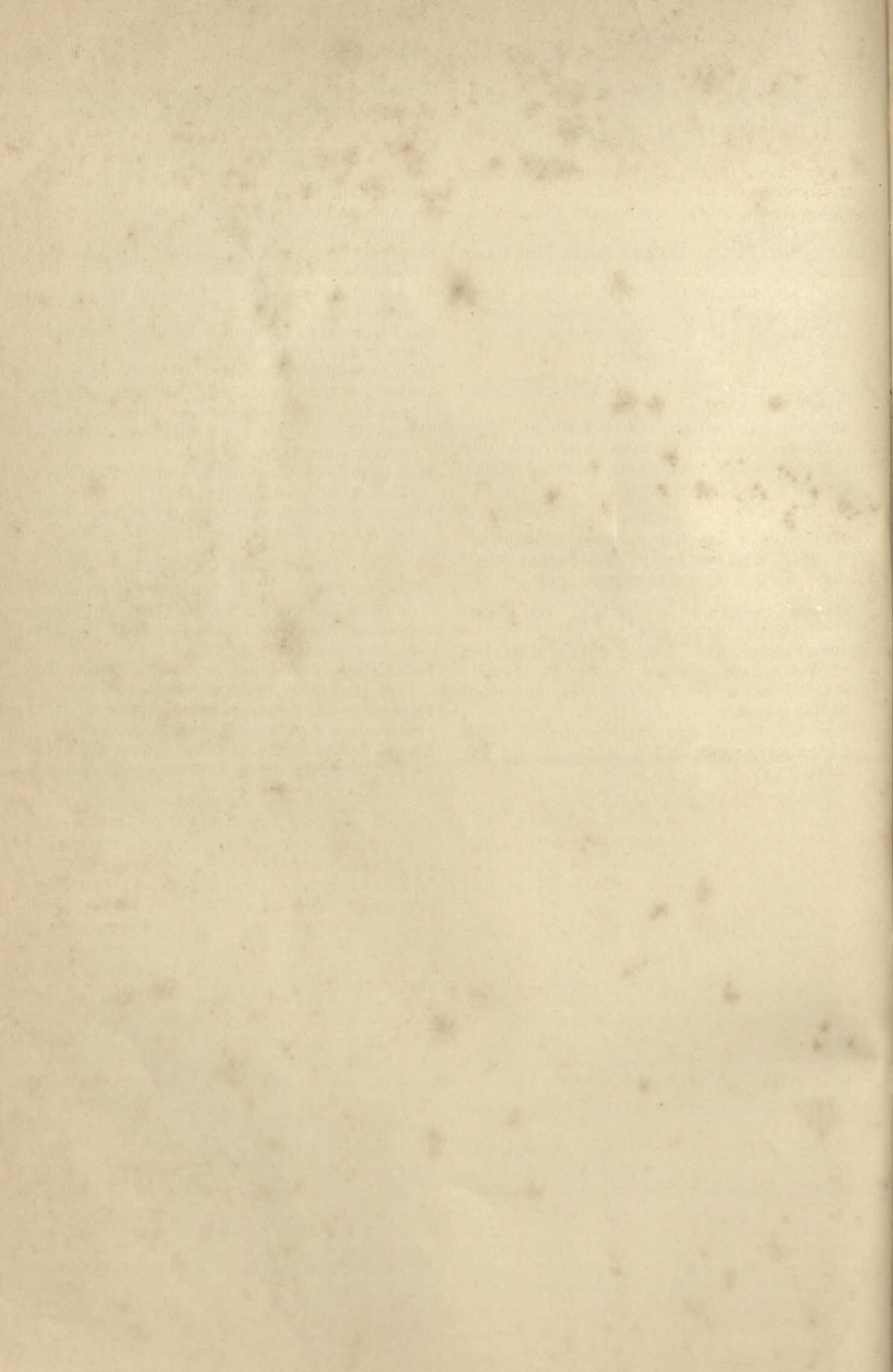
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PHYLOGENESIS AND ONTOGENESIS OF AFFECT- AND STRUCTURE-FORMATION AND THE PHENOMENON OF REPETITION COMPULSION¹

By

MAX SCHUR,² NEW YORK

In previous papers I dealt with the interrelation between structure formation, ego regression, and the *ontogenetic* vicissitudes of anxiety (52, 53) and I applied also *phylogenetic* considerations to the problems of anxiety (54). This necessitated my using ethological concepts and led me to a discussion of the analogies and divergencies between ethological and psycho-analytic formulations. I came to the conclusion that this approach might further our overall understanding of affect- and structure-formation.

The point of departure for my present paper was a critical reconsideration of the concept of repetition-compulsion, which in turn required a further discussion of certain phylogenetic and ontogenetic aspects of affect- and structure-formation. This explains my complicated title and the dichotomy which prevails in this paper. I am aware that such an attempt can be no more than a sketchy outline for future research.

The Problem of Repetition Compulsion

Let me outline how I approached previously the problem of repetition compulsion. I discussed anxiety in terms of a continuum of releasing excitations and of responses to them, and linked biological and psychological concepts of anxiety by the application of the genetic point of view. This amounted to 'the recognition of [the] phylogenetic origin [of anxiety] in a biological response, of the existence of this response in animals, and of its innate character in the new-

born' (52, p. 67). I traced the ontogenetic development from primary anxiety to the thought-like, structuralized, fully desomatized awareness of anticipated danger ('signal anxiety') (17, 6, 48) and I emphasized that the ability of the ego to anticipate and to evaluate danger under the prevalence of secondary processes and to utilize in its response neutralized energy is essential for ego autonomy (26, 24). I studied the role of ego regression in neurotic anxiety, and distinguished between regressive evaluation of danger and regressive reaction to this evaluation. Ego regression results in prevalence of the primary process and in the use of non-neutralized energy. It leads to resomatized, uncontrolled anxiety with all its economic implications where reaction to stimuli is in the closest sense psychosomatic (53, 54).

Regressive anxiety as such represents danger, creates secondary anxiety, and thus becomes self-perpetuating. We encounter this turn of events, e.g. in extensive phobias, severe obsessive-compulsive neuroses, and 'psychosomatic' disorders. To these patients applies what Freud said, 'They behave as though the old danger situation still existed, and retain all the earlier determinants of anxiety.' He asks, 'Whence comes the element or persistence in these reactions to danger? Why does the affect of anxiety alone seem to enjoy the advantage over all other affects of invoking reactions . . . which, through their inexpediency, run counter to the movement

¹ Expanded version of Paper read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

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of life?' He calls these questions 'the riddle of neurosis' (17, p. 128).

In the analysis of cases such as those mentioned above, we meet with a stereotyped, repetitious response pattern, which represents a formidable obstacle to the 'working through' process. Freud attributed this type of resistance to 'repetition compulsion'.

Freud's attempt to explain repetition compulsion as originating in the death instinct and vice versa has unfortunately cast its shadow on the extensive discussion of repetition compulsion in the psycho-analytic literature, which can be considered only sketchily. Though after his 'Beyond the Pleasure Principle' (15) Freud spoke about repetition compulsion mainly in connexion with the death instinct, in 'Inhibition, Symptom and Anxiety' (17) he did discuss repetition compulsion as a clinical phenomenon. 'The fixating factor in repression,' he said, 'is the repetition compulsion of the unconscious id, a compulsion which in normal circumstances is only done away with by the mobile function of the ego' (17, p. 137). Before 1920 he spoke of repetition compulsion as an example of 'a very specialized form of inertia, the manifestation of very early linkages—linkages which it is hard to dissolve—between instincts and impressions and the objects involved in these impressions . . . or in other words this specialized "psychical inertia" is only a different term for what in psycho-analysis we are accustomed to call a "fixation"' (13, p. 272).

Anna Freud has stated, on the other hand, that the repetition compulsion which dominates the patient in the analytical situation extends not only to former id impulses, but equally to former defensive measures against the instinctual drives ('Triebabwehr') (8).

Hartmann discusses in his 'Ego Psychology and the Problem of Adaptation' (26) and in a discussion of a paper by Hendrick (28) the relationship of and the transitions between repetition compulsion, 'ego rigidity', and 'preconscious automatisms'. He states that 'under certain conditions the ego can put repetition compulsion to its own use' and considers it as 'not improbable that repetition compulsion has its share (besides the pleasure principle and the reality principle) in learning processes.' Hartmann regards repetition compulsion as one of the regulatory principles, one which, according to Freud, 'overrides the pleasure principle', but one which, according to Hartmann, can be 'used and tamed by the ego'.

The main points of Bibring's paper on repetition compulsion (3) can be summarized as follows: (i) repetition compulsion is an explanatory concept, 'repetition' a descriptive term; (ii) repetition compulsion exists prior to the pleasure principle and is a broader concept since it encompasses the fixation of both the pleasurable and the painful; (iii) it has two functions: a repetitive and a restitutive; (iv) it becomes manifest when the ego is 'weakened', 'overwhelmed', or 'maintains a passive role'; (v) he speaks of 'secondary libidization' of repetition compulsion in analogy to libidization of anxiety.

Kubie at first repudiated the whole concept of repetition compulsion (33). In a later paper, he speaks of an irresistible repetitiveness as the core of all neurotic processes (34). Neurotic repetitiveness is a 'pathological distortion of normal repetitiveness. Unwilling repetition then becomes a distortion of the pleasure principle.'

In my previous discussion of the resistances which Freud attributed to repetition compulsion, I wrote, 'This repetitious response, for which repetition compulsion is an excellent descriptive term, originates in the primitive regressive part of the ego which has developed, under the impact of the self-perpetuation of danger and anxiety, an automatic, reflex-like response pattern. This automatic primitive response as an expression of ego regression is both the result of and the cause for the perpetuation of instinctual regression' (58, p. 96).

Passivity and Activity

In my attempt to arrive at a more satisfactory formulation I was first stimulated by Rapaport's models of passivity and activity and their relation to ego autonomy (49, 50). Rapaport proposes two models of both passivity and activity. His models of passivity are: (i) 'The situation of helplessness which ensues when mounting drive tension meets a counter-cathetic barrier and tension discharge is prevented'; and (ii) 'The situation in which the discharge of accumulated drive tension occurs without a contribution by the ego.' His models of activity are (i) 'The discharge of drive tension by means of the ego's control- and executive apparatuses', and (ii) 'The defensive and/or controlling prevention, or postponement of the drive discharge.'

'The first model of passivity refers to a non-autonomous ego which does not regulate id-tension but rather is regulated by it, since the more the drive tension mounts the more unyielding the ego's discharge-barring function becomes.

In contrast, the second model of activity refers to a relatively autonomous ego, which controls, postpones, or prevents drive discharge in keeping with the demands of its own organization, but also in view of the state of the whole organism and the reality circumstances' (50).

The two models of passivity and activity reflect the contrast between autonomous and non-autonomous ego states. It is implied that transitions between the various states of the ego occur both in progressive structure formation and in regression.

The Concept 'Instinct' in Ethology

Before trying to apply Rapaport's concepts to the problem of repetition compulsion, let me turn now to some concepts of modern ethology. Thorpe (59) proposes the following definition of instincts: Instincts are inherited systems of co-ordination. Their most fundamental part is an 'internal drive' which, until released, accumulates in the form of a 'specific action potential'. The release takes place guided by 'more or less rigid "inherited releasing mechanisms" (I.R.M.)', and results in 'more or less rigid action patterns'. I.R.M.'s have inhibitory as well as releasing functions. The assumption of thresholds is inherent in these concepts. The specific action patterns which constitute the consummatory act consist of a reaction chain in which inherited orienting movements called *taxes* play a guiding role. Instinctive behaviour is species-specific, uniform, rigid. It is subject to maturation, and only some links of the reaction chain are subject to modification by learning. Once an instinct has been released, an animal seems forced to complete the specific behaviour pattern, without being able to interrupt it.³ Thorpe himself disputes the rigid, *entirely* unlearned character of 'instinctive behaviour' and such biopsychologists as Lehrman and Schneirla (51) attribute to *learning* most behaviour patterns classified by ethologists as 'instinctive'. However, nobody will deny the inborn preparedness of organisms to react to certain stimuli with a specific type of learning.

According to Lorenz (36, 37), in vertebrates evolution brings about the following changes in the complex patterns of instinctive behaviour: In a reaction chain of an instinct more and more

innate, rigid, instinctive links drop out and are replaced at certain innately determined points by learned behaviour patterns. Lorenz calls this phenomenon 'instinct-training interlocking'. 'In such case the innate action-chain has a gap, into which instead of an instinctive act, a faculty to acquire is inserted' (37, p. 137). Lorenz assumes that 'highly complex behaviour patterns in higher animals and man, which though built up on an instinctive basis, yet comprise intelligent and learned components, must equally be conceived as interlockings' (37, p. 139).

I have discussed elsewhere (54) the difficulties encountered in correlating the concepts of psycho-analysis and ethology. Let me summarize my previous discussion and add some remarks to it.

(i) The instinct concept of ethology⁴ comprises both the internal drive and the inherited patterns of co-ordination. Actually, there is special emphasis in the ethologists' instinct concept on these 'instinctive behaviour patterns'.

(ii) The psycho-analytic concept of 'instinctual drives'⁵ can be compared (but then cannot be equated!) only to the 'internal drive' element of the ethological concept of 'instinct'.

(iii) In man, 'inherited patterns of co-ordination' or 'instinctive behaviour patterns' are rudimentary (38). The function of genetically determined behaviour is taken over to a very great extent by learned, plastic, purposive, adaptive behaviour—that is, by the ego (37, 23).

Correlation of Ethological and Psycho-analytic Concepts

Freud described the concept 'instinctual drive' as 'a concept on the frontier between the mental and the somatic'. He gave it the status of a psychological concept when he called it 'the psychical representative of the stimuli originating from within the organism' (14) and even more when later he wrote that 'the id absorbs from the soma its instinctual needs, receives its energy, and gives them "mental expression"' (18) (see also 54, p. 203). Freud referred to the phylogenetic-evolutional link between reflexes and 'instinctual drives' when he said:

³ We can see here an analogy with Rapaport's second model of passivity.

⁴ There are differences, but also a great deal of common ground between instinct concepts of ethologists and those of W. James, Morgan, Hobbhouse, Ginsberg, Mc-

Dougall, and especially of Craig and Drever. For a comparison and source references see Fletcher (7).

⁵ I am using the term 'instinctual drive' for 'Trieb', and the terms 'instinct', 'instinctive behaviour', etc., for the concepts of ethology.

'We may therefore well conclude that instincts and not external stimuli are the true motive forces behind the advances that have led the nervous system, with its unlimited capacities, to its present high level of development. There is naturally nothing to prevent our supposing that the instincts themselves are, at least in part, precipitates of the effects of external stimulation, which in the course of phylogenesis have brought about modifications in the living substance'⁶ (14, pp. 119-120).

While it is possible to correlate the 'internal drive' element of instincts to 'instinctual drives', it is much more difficult to trace the evolutionary fate of '*instinctive behaviour patterns*' to their manifestations in man. The process of 'ritualization', by which in selective evolution some 'displacement activities' of instincts become incorporated into a new pattern of instinctive behaviour as 'social releasers' (60, 61), may be a clue. We see here an important example of the biological principle of 'change of function', which was applied by Hartmann (25) to psychological concepts.

Utilization of 'Instinctive Behaviour Patterns' in the Formation of Ego Structures

Through 'change of function' some links of 'instinctive behaviour patterns' may become incorporated in (interlocked with) or become the basis for learned, purposive behaviour. '*Instinctive behaviour patterns*' may thus become part of the autonomous ego equipment (26). Hence, we may hypothesize the following possibilities for the evolutionary fate of 'instinctive behaviour patterns' and their preservation in man:

(i) Some links of 'instinctive behaviour patterns' may be retained and may become interlocked with acquired, learned behaviour. The best example is provided by the consummatory activity of the sexual drive. Its 'consummatory act', while subject to maturation and influenced by learning, is part of our inventory of 'instinctive behaviour patterns'.

The great variety of 'I.R.M.'s' of the 'appetitive behaviours', but especially the importance of learning in man, makes it difficult to unravel the instinctive links even in such chains of reaction as the 'consummatory act' of the sexual drive. It is by now a truism that our wishes (instinctual drives, their derivatives and representations) are traceable in some way in all our functions, even in perception. However, to call any 'behaviour' which is *influenced* by

instinctual drives 'instinctive behaviour' is a distortion of both ethological and psycho-analytic concepts. Ethologists will rightly object to the inclusion under this heading of learned responses and psycho-analysts to that of ego functions (see, for instance, 43, 44).

(ii) Some links of 'instinctive behaviour' may be utilized as the point of departure for structure formation, just as other primary autonomous apparatuses are (26). It was recognized by Freud quite early that, for instance, threshold and innate inhibitory mechanisms, the importance of which was emphasized by such ethologists as Tinbergen (60) and Thorpe (59), form the basis for ego development. He expressed this both in prestructural and structural terms (10, 12, 16, 17). This has been emphasized also by Hartmann (26, 23, 24), Rapaport (48, 49, 50) and others. Freud (19) and especially Hartmann (26, 24) linked the development of defences to such inborn apparatuses. In what Hartmann (26) has described as 'preconscious automatisms' (e.g. crying, smiling, yawning, mannerisms indicating threat, fright, etc.), some of which attain the function of 'social releasers', we see the product of (a) evolution (partly through 'change of function') (see also 39, 53); (b) maturation, and (c) learning. Schneirla (51), for instance, postulated some degree of learning even for the smiling response. Spitz (55) hypothesized that the 'No' sign develops from the sucking patterns of the newborn infant. If Spitz's hypothesis can be confirmed, we should have here a further example of 'change of function' becoming manifest during ontogenesis.

The mutual interdependence of id- and ego-development has been widely studied (9, 25, 30, 50). It is to be expected that persisting links of instinctive behaviour patterns, especially if they are correlated with an 'internal drive' element, may influence structure formation. Such links have been described by M. Balint (2), A. Balint (1), Hermann (29), and Bowlby (5). Bowlby discusses five 'instinctive responses': sucking, clinging, following, crying, and smiling. He ascribes to clinging and following a decisive role in the establishment of child-mother relationship, and objects to what he calls the over-estimation of oral need satisfaction for this development.

The whole development of psycho-analysis has proceeded towards the discovery of ever earlier determinants of psychic functioning. The

⁶ Freud's remark about 'the effects of external stimulation' is in line with his Lamarckian orientation. We would now simply say, 'precipitates of evolution'.

importance of the first few months of life became obvious. The first development of 'structure' through maturation and learning takes place during this phase. Thus, when we speak of the 'oral phase' it is implicit that during this phase 'structure' begins to emerge from an undifferentiated phase (27). That physiological needs and their satisfaction provide a most powerful stimulation for all learning processes is unquestionable.

Direct observation of infants has demonstrated many variables which influence the infant's development apart from oral need satisfaction (congenital variations, 'mothering', etc.).

Freud described 'partial instincts' at a time when he still spoke of the 'peripheral source' of an instinct (11). The observations of Balint, Bowlby, Hermann, and others suggest the existence of more 'partial instincts', as described originally by Freud, or rather more varied direct derivatives of the sexual instinctive drive. They can be described in ethological terms as important remaining manifestations of the 'internal drive' element of the instinct and/or as remaining links of 'instinctive behaviour patterns' which—as, for instance, crying, clinging and following—may also serve as 'social releasers'. All such manifestations, drive derivatives and 'social releasers', may influence to a certain extent the development of ego functions which enter into the formation of object-relations. Such 'releasers' as clinging and following should be studied as added variables within the framework of the phase in which they become manifest. Their existence in no way contradicts the decisive importance of preceding phases of development.

Instinctive Building-Stones of Superego Structures

The preceding discussion hypothesized that links of 'instinctive behaviour patterns' can be used for the formation of ego structures. Can we detect in animals instinctive inhibitory mechanisms, which might be considered evolutionary forerunners of the superego, and which if present in man might be used as building-stones for superego structures?

Ethologists have familiarized us with the following inhibitory mechanisms, all of which serve the preservation of the species.

(i) Instinctive inhibitory mechanisms are essential for the protection of the newborn litter.

Such instincts have their specific I.R.M.'s.

(ii) The inhibition of the fighting response is a necessary prerequisite for mating.⁷ Lorenz has recently described (41) how in fishes and birds the threat of or an actual attack on a prospective mate is inhibited, often practically at the last moment, and then redirected towards a prospective rival, and how only after such successful inhibition can a 'lasting object-relationship' be established.

(iii) The formation of smaller and larger groups of animals of the same species would be impossible without the existence of inhibitory mechanisms which operate against intraspecies killing. Interestingly enough, intraspecies killing is, especially among predatory animals, comparatively rare.

(iv) Killing which would result from intraspecies fighting can be inhibited by a set of instinctive mechanisms. An excellent example is the reaction of the victorious animal to what Lorenz calls 'the sign of humility' given by the defeated rival (41). In wolves, for instance, it consists in a positioning of the head, with which the defeated animal exposes to the victor its jugular vein, a region which during the actual fight is the focal point of attack and defence, whereupon the victor becomes unable to perform the kill. Such mechanisms are widespread among vertebrates.

In all these examples the instinctive inhibitory mechanisms seem to be directed towards the inhibition of the aggressive drive, and serve, by preservation of the object, the preservation of the species.

It seems legitimate to speak here of examples of biological analogues of superego development as postulated by Freud (30). It is therefore tempting to hypothesize the existence of autonomous building stones in superego development, in analogy with Hartmann's conception of the role of innate primary autonomous apparatuses in the development of the ego.

If we hypothesize further that such innate inhibitory mechanisms of the aggressive drive utilize mainly aggressive energy, then we might be one step closer to understanding the close link between the superego and the aggressive drive and perhaps of even that vicissitude of the instinctive drive which Freud termed 'turning round upon the subject' (14).⁸

⁷ It is interesting that Tinbergen, who himself described such examples of what he calls 'male aggressiveness' (62), in contrast to Lorenz, denies (39, 41) the existence of 'aggressive instincts'.

⁸ In her investigation of phylogenetic roots of moral masochism, E. Menaker (42) also postulates biological analogues of the superego.

Instinct and Anxiety

The simultaneous availability of instinctive and learned behaviour patterns represents an additional vicissitude in the evolution of instinctive behaviour. This brings me to the discussion of instinct and anxiety. The term 'anxiety' is used here as reaction to danger in the most general sense (52, 53, 54).

Both the perception of danger and the reaction to it are in most animals at least based on, if not regulated by, instincts. Ethologists have devoted most ingenious experimental work to the study of 'sign stimuli' of danger (60), and of the ensuing 'avoidance and fright' responses (58). Lorenz (39) and Tinbergen (60) speak about the drive to escape.⁹ However, is it as justified to assume such a drive as, e.g., the 'internal drive' of the mating or nesting instincts? Lorenz emphasizes that instinctive motor patterns, while rigid and stereotyped, have a 'remarkable spontaneity of their own'.

'The threshold value of releasing stimuli decreases during quiescence. Moreover, an instinctive movement that is not "used" over a long period literally becomes a "motive". It causes motor unrest in the organism as a whole, and induces it to search actively for the releasing stimulus situation. Wallace Craig called this phenomenon appetitive behaviour.

'All these phenomena—spontaneity, lowering of threshold, discharge at inadequate objects, periodic-rhythmical occurrence, appetitive behaviour—suggest a process of accumulation. Something is accumulated (generated) rhythmically and continually, and used up by the consummation of an instinctive act. This is incompatible with the conception of instinctive movements as chain reflexes' (39, p. 289).

The 'avoidance and fright' reaction shares with this description only the aspect of thresholds and that of the occasional 'miscarriage' (38) of the discharge, especially when animals show 'disintegrated behaviour' (38)—that is a state which we should call regressive.

It would be not only biologically useless but harmful for an animal to develop a 'periodic-rhythmical occurrence', or an 'appetitive behaviour' of the 'avoidance and fright' reaction. This wasteful behaviour seems to be a fateful 'privilege' of man.

The assumption of an instinct to avoid danger as a superordinate instinct in the sense of McDougall (7) has been rejected by Lorenz and

other ethologists. To quote Lorenz (39), 'the survival value of an action to either an animal or a man is not its subjective goal.' The assumption of an 'instinct of self-preservation' has also been gradually abandoned in psycho-analytic literature (15, 18, 35, 23, 54). We might say that evolution has stopped short of achieving the development of an overriding instinct of self-preservation of the individual. It is interesting, however, that prevention of *future* danger is achieved by such instinctive actions, as for instance nest building, which serve the preservation of the species. Self-preservation proper had to wait for the acquisition of cognitive anticipation.

However, my discussion would also imply that evolution stopped short of the development of a 'drive' to avoid danger equal in scope to such drives as 'motivate' the seeking of an object.

The 'avoidance and fright' reaction is, in spite of its complex set of I.R.M.'s and releasers, much closer to the concept of a 'reflex chain' postulated by Craig (7) and originally also by Lorenz than are, for instance, the mating or nesting instincts. The *instinctive* avoidance and fright response is, as is anxiety, a *reaction* to the perception of danger.

In a recent publication which appeared after I presented this paper at the Copenhagen Congress, Schneirla (51) has described 'approach' and 'withdrawal' as the two basic biological responses. He assumes that 'approach' and 'withdrawal' are dependent on the intensity of stimuli, and he traces the evolution of these basic responses. He assumes that in higher animals 'approach' may develop into 'seeking' and 'withdrawal' into 'avoidance'.

My previous discussion would imply that 'evolution' resulted in various 'drives' to 'seek'; in instinctive perceptions and responses leading to avoidance of danger but not to an intrinsic drive to avoid. It will be seen in the next section how Schneirla's concepts correspond in some aspects to ideas already expressed by Freud.

We have to distinguish between instinctive elements in the *perception* of danger (I.R.M.'s) and those in the reaction to it.

Freud occasionally uses the concepts of pain and danger interchangeably (10, 12, 17) (see also 45, 56). There is in the infant during the undifferentiated phase probably no differentiation between the experiences of pain and of danger. The perception of such homeostatic fluctuations

⁹ In a previous publication (54), I also spoke of a 'hypothetical internal drive' to avoid danger. I have been stimulated to a more careful formulation by M.

Gill's discussion of a paper I presented at the San Francisco Psychoanalytic Society.

as especially of hunger becomes therefore the prototype of the perception of both pain and danger.

The development of an instinct with very specific I.R.M.'s directed, for instance, towards a certain type of predator is relatively rare. To quote Thorpe, 'Most animals, particularly small or defenceless animals, are subject to a great variety of dangers. For them a specific instinctive response to any and every danger is out of the question. Therefore, instead of, or in addition to, any specific response, they have an inherent equipment whereby they tend to take avoiding or self-protective action to (i) a wide range of stimuli likely to be signals for danger, especially any moving object; (ii) any stimulus or situation which is strange; (iii) any stimulus of an unusually high intensity. This mechanism with its wide scope ensures that they are on guard against most of the usual risks of life. But, obviously, sensitiveness to such a wide range of stimuli would, if the response was completely automatic and unvarying in intensity, make life impossible. Hence the need for some form of learning which saves the animal from wasting its energies in responses to stimuli which experience shows to be harmless or of no significance. Habituation exactly meets this need and is well-nigh universal' (58, p. 390).

Could it be that man, with his prolonged infantile helplessness, is equipped with similarly diffuse, unspecific I.R.M.'s which have to be unlearned once perception has matured? We would have here a biological analogy to Freud's empirical statements about the 'obscure phobias' of early childhood and about inborn hysterical attacks (17) and for the consequences of regressive evaluation of danger (52, 53, 54, 57).

I discussed in a previous paper (54) various instinctive determinants of danger (I.R.M.'s) and hypothesized an innate, instinctive link between sexuality and danger, which, in addition to all ontogenetic factors, explains the ubiquitous, automatic establishment of countercatheses against libidinous drives and/or the fact that certain ego functions are 'basically antagonistic towards drive satisfaction' (8). I built my hypothesis in analogy to the fact that mating and fighting among vertebrates are most intimately linked with each other in evolution (54, pp. 212-214).

The response of the infant to the experience of pain-danger-unpleasure is instinctively patterned and species-specific. It is fully 'psychosomatic',

using innate discharge channels and apparatuses (17, 48). Hartmann (26, 24) described such apparatuses as part of our autonomous equipment, which secures our preparedness for 'average expectable environment'. Vegetative and motor discharge equivalents precede the development of action and thought. The infant has no apparatuses ready for 'flight or fight', and this explains its traumatic helplessness (17, 4, 52).

The character of the subjective experience of anxiety can probably be attributed partly to instinctive givens. It has been postulated by Drever (7) and others and re-emphasized by Fletcher (7) that in evolution paucity of I.R.M.'s is paralleled by increase of the elements of conation, emotions, and subjective experience. This development reaches its culmination in man, where anxiety becomes an ego response. The paucity of instinctive inhibitory mechanisms against intra-species destructiveness in man may perhaps also explain the species-specific quality of guilt feelings in man. *Anticipatory anxiety and guilt feelings became both the privilege and curse of humanity.*

Ego development results in a 'realistic' appraisal of danger, and with it the anxiety response becomes increasingly dependent on ego functioning (17, 6, 48, 52, 53, 54). What, however, persists is the special quality of anxiety and the availability of resomatized responses, which in states of ego regression resemble in their discharge character the species-specific instinctive responses of infants and differ from them mainly because the discharge apparatuses have in the meantime undergone maturation and adaptation (52, 53).

In sum, we can discern in man the following evolutionary fate of instinctive patterns in the anxiety response.

(i) Certain instinctive links, e.g. certain I.R.M.'s, have been preserved, while most I.R.M.'s were replaced by cognitive evaluation of danger.

(ii) The species-specific quality of the affect and of the avoidance-response have been preserved.

(iii) The 'avoidance-response' is also able to stimulate structure formation, a view expressed by Freud as early as in Chapter VII of his *The Interpretation of Dreams*:

'Some interesting reflections follow if we consider the relations between this inhibition upon discharge exercised by the second system and the regulation effected by the unpleasure principle. Let us examine

the antithesis to the primary experience of satisfaction—namely the experience of an external fright. Let us suppose that the primitive apparatus is impinged upon by a perceptual stimulus which is a source of painful excitation. Unco-ordinated motor manifestations will follow until one of them withdraws the apparatus from the perception and at the same time from the pain. If the perception reappears, the movement will at once be repeated (. . . of flight) till the perception has disappeared again. In this case, no inclination will remain to recathect the perception of the source of pain, either hallucinatorily or in any other way. On the contrary, there will be an inclination in the primitive apparatus to drop the distressing memory-picture immediately, if anything happens to revive it, for the very reason that if its excitation were to overflow into perception it would provoke unpleasure (or, more precisely, it would *begin* to provoke it). . . . This . . . regular avoidance by the psychical process of the memory of anything that had once been distressing affords us the prototype . . . of *psychical repression*. It is a familiar fact that much of this avoidance of what is distressing—this ostrich policy—is still to be seen in the normal mental life of adults' (10).

These concepts became 26 years later the basis of Freud's new theory of anxiety and defence. Hartmann (24) then elaborated on the idea that defences are using the avoidance response as their model.

(iv) The full discharge of the instinctive reaction remains also available under the following two conditions, both of which imply a quantitative element: (a) overwhelming stimulation, and/or (b) ego regression.

The intricate interlocking, but even more, the simultaneous availability of learned, flexible, adaptive and stereotyped instinctive responses represents a strain on the stability of ego functioning in anxiety (54).

The following factors account for the great importance of 'inner', instinctual intersystemic danger in man:

- (a) the late development of perception and the prolonged dependence on outside help for relief from instinctual drive tension;
- (b) the development of instinctual drive derivatives, ideation and phantasies;
- (c) the link between sexuality and danger; and
- (d) the development of the superego.

The Basic Antithesis between the Need to Seek the 'Primary Experience of Satisfaction' and The Necessity to Avoid the 'Experience of External Fright'

Let us now return to my discussion of the difference between the instinctive 'avoidance and

fright response' and such other instincts as, for instance, the sexual instinct: the absence of the 'internal drive element', of 'appetitive behaviour' and of 'vacuum activity' and its greater similarity to a 'reflex chain' in the former. This difference we may conclude applies also to man. If we pursue this conclusion further, we find ourselves in the midst of some of the most complex problems of psycho-analytic theory. To mention only a few: the problem of the pleasure (unpleasure) principle, of pain and pleasure as affects, the different ways in which drives and affects influence structure formation, the relationship between drive and affect, etc. I can only indicate here the direction in which some of the answers to these problems may be sought.

We find a clue in one sentence of the previously quoted passage from Chapter VII of Freud's *The Interpretation of Dreams*: 'Let us examine the antithesis to the primary experience of satisfaction—namely, the experience of an external fright.' Let us assume that it is this *antithesis* which made Freud use initially the terms 'unpleasure-principle' or 'unpleasure-pleasure principle' before he eventually chose to call it 'more shortly the pleasure principle' (12).

The concept of the pleasure (unpleasure) principle assumes the need for tension reduction as a basic regulating principle. This concept was framed in economic terms. To quote Rapaport:

'Here the concepts pleasure, pain, wish, are divested of their subjective, phenomenological, anthropomorphic, and teleological character. They are terms designating energy distribution; pain = increasing disequilibrium of energy; wish = the process aimed at restoring equilibrium; pleasure = decreasing disequilibrium of energy' (47, p. 318).

Every discharge of an instinct and of instinctual drives aims ultimately at, and results in, relief of tension. However, can tension relief through the satisfaction of a wish arising from an instinctual drive be equated with what Freud called its 'antithesis', the tension relief arising through escape from 'the experience of external fright'? An 'internal drive' or in psycho-analytic terms an 'instinctual drive' finds its discharge through reaching its aim and finding its need-satisfying object. The discharge of the 'avoidance and fright' response and of the affect anxiety results initially in an increased tension. The relief is being achieved only after the disappearance of the 'object'—that is of the perception of danger. Is it likely that the tension ('pain') arising from withheld satisfaction of a

'wish' (frustration) can be equated with the mounting tension from an external excitation, which cannot be eliminated by fight or flight? In Rapaport's terminology can the tension which is the concomitant of helpless passivity to a drive be equated with the tension which is the concomitant of helpless passivity to external stimulation? My previous discussion leads to the conclusion of a basic difference between: (a) the tension arising from mounting external excitation (later in development, from mounting danger) and that arising from withheld satisfaction of a wish, and (b) between the tension *relief* arising through escape from 'the experience of external fright' (10, p. 600) and the tension *relief* through satisfaction of a wish, arising from an instinctual drive.

The pleasure-unpleasure principle, and such concepts as pleasure, pain, wish, tension, etc., as mentioned before, were framed by Freud (10) in economic terms. It might not be impossible but would certainly not be easy to express the difference in the build-up and relief of various types of tension, which I have postulated, in economic terms. However, the difference in the aspect of tension relief becomes quite obvious when we look at it in structural terms, specifically in terms of affects as ego experience. While, for instance, the discharge of instinctual drives¹⁰ may result in pleasure, discharge of the 'avoidance and fright response' *per se* results in unpleasure and in temporary increase of tension. Only the disappearance of danger brings tension relief and with it 'pleasure through ending of unpleasure' (see also 31, 46, 47, 48).

If we conceptualize a 'wish' in structural terms, for instance, a wish to *achieve* sexual gratification, the experiential difference between the awareness of such a wish and a 'wish' to *avoid* danger will be taken for granted. These considerations justify also the assumption that instinctual drives, which have to seek an object for their discharge, stimulate alloplastic action more directly and therefore initiate other aspects of structure formation than does the 'avoidance and fright response'.

In Freud's discussion of the antithesis between the primary experience of satisfaction and the experience of external fright the word 'external' has to be understood in a genetic sense. Freud speaks here about the very beginnings of structure formation, during what we now call the

undifferentiated phase. 'Outside', 'external', is meant by him as outside the 'primitive apparatus'; we may add: outside the primitive *mental* apparatus. Freud assumes that during the early phase of structure development every painful stimulation, even if it originates in the infant's own body, is perceived as coming from the 'outside'. The infant has to pass through two phases of development to learn first that 'within' means within the *total self* and then to learn the distinction between inside and outside of the total self. When Freud says that the mental apparatus 'has only reached its present perfection after a long period of development' (10, p. 565), this is meant also phylogenetically. This phylogenetic implication is even more obvious when Freud says in his 'Outline' (20), 'under the influence of the external world one portion of the id has undergone a special development. From what was originally a cortical layer, provided with the organs and receiving stimuli and with the apparatuses for protection against excessive stimulation, a special organization has arisen which acts as a system between the id and the external world. This region of our mental lives has been given the name of the ego.'

This paragraph, although pertaining to the evolution of structure, is still formulated in topographical, even anatomical terms. Freud implies here, as I think, that during the evolution from the apparatuses of tropism to man's mental apparatus, parallel to the anatomical development a process of internalization has taken place which eventually leads to the development of instinctual drives and ego and superego structures. Hence we can state that both ontogenetic and phylogenetic considerations corroborate the following assumptions made by Freud: (i) That frustration-tension is originally equated with tension originating from without; and (ii) that repression uses the reaction to external fright as its model.

The preceding discussion adds weight to the assumption that our autonomous equipment contains *distinct* innate channels, thresholds, and discharge apparatuses for *drives* and *such affects as anxiety* (17, 26, 48). I submit that my discussion also warrants the conclusion that the theory of affects as drive-representation (10, 31, 48) applies only to such affects as, for instance, anger, rage, guilt, but does not apply in themes a way to the affect anxiety.

¹⁰ This applies in the first place to the libidinous drives. The discussion of whether the discharge of the aggressive

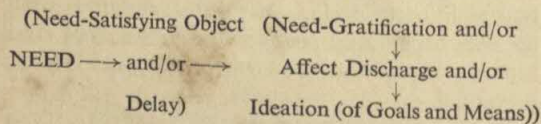
drive also may result in pleasure is beyond the scope of this paper.

We may even go one step further and hypothesize that the infant's *responses* to instinctual drive tension originally use the channels and apparatuses of the instinctive 'avoidance and fright response', when these apparatuses cannot yet be used for 'fight or flight'. It is possible that this is the origin of traumatic helplessness of the infant in the face of mounting drive tension. On the other hand, with the maturation of the necessary apparatuses, the aggressive drive can be mobilized to eliminate external danger by flight, instead of avoiding it by flight. This assumption would be consistent with Rapaport's formulation that drives are the ultimate guarantees of autonomy from the environment (50).

The intricate linkage between instinctual drive, danger, and anxiety, was one of Freud's earliest discoveries. While I have discussed earlier in this paper the possibility of a phylogenetic link between sexuality and danger, the preceding discussion might throw some additional light on some aspects of the ontogenetic development of danger: on the relationship of internal and external danger, the frequency of projection of danger, and on the ever present tendency to confuse instinctual drive tension with external danger.

It may also cast light on the fact that with the gradual development of derivative drives, and of such ego functions as anticipation, the tendency to avoid both external danger and frustration of drive satisfaction assumes certain characteristics of an instinctual wish.

My discussion of the basic difference between instinctual drives and the instinctive 'avoidance and fright response' raises the following problem: Rapaport (46) tried to formulate the 'conceptual model of psycho-analysis' as follows:



In this model, which is centred on the need tension arising from an instinctual drive, the affect discharge finds its place as drive representation. My discussion of the basic difference between instinctual drive and the 'avoidance and fright response', and of Freud's antithesis between the 'primary experience of satisfaction' and the 'experience of an external fright' seems to require a modification of this model. We should either have to formulate two models, one centred around the drive *seeking* gratification (tension relief) through the need-satisfying

object, and one centred around the *necessity* (in contrast to a *need*) to *avoid* pain-danger—a different kind of tension, arising through external stimulation.

The other preferable possibility would be an attempt to include the two polar tendencies, the *need to seek* and the *necessity to avoid*, in one model. We may finally see in these two polar tendencies a model of ambivalence.

This discussion of the problem of anxiety and instinct might—in spite of so many unanswered questions—add to our understanding why, indeed, the affect anxiety plays such a unique role in normal and abnormal development.

To summarize:

(i) The affect anxiety is evolutionally linked with the biological responses of 'withdrawal' and 'avoidance' (51).

(ii) These responses have achieved during evolution certain instinctive characteristics. They did not, however, reach the status of a 'drive'. 'Withdrawal', 'avoidance' and finally anxiety remain therefore *reactions* to certain perceptions.

(iii) Perception and anticipation of danger are evolutionally linked with the perception of the intensity of stimuli (51) and with instinctive I.R.M.'s and releasers.

(iv) The evolutionary development of instinctual drives and ego and superego structures, and the 'internalization' of the mental apparatus in man, result in the gradual development of 'inner', instinctual danger. The ontogenetic development of the affect anxiety reflects this complex evolution of both danger and the response to its perception.

'Passivity—a Characteristic of Instinctive Behaviour'

One of the characteristics of instinctive behaviour is that once an instinct is released it, so to say, takes over and its discharge cannot be stopped. The analogy to Rapaport's second model of passivity is obvious. Deep ego regression can result in such a state of passivity which we can postulate as having existed ontogenetically and phylogenetically before the development of inhibitory structures.

Rapaport has emphasized that passivity is always relative. Here, as with all such formulation, we have to think in terms of a continuum. Passivity in this sense is thus a basic characteristic of 'instinctive behaviour'.

We may now describe two forms which 'instinctive behaviour' can take; one, in which only its generally repetitious, stereotyped, passive

character will be indicative of instinctive behaviour, and one more special, in which the original 'instinctive behaviour pattern' can be recognized. This second form obtains in certain affects and especially in anxiety, where a simultaneous availability of instinctive and learned responses persists.

Reconsideration of the Concept of Repetition Compulsion

After this long detour we can now return to the problem of repetition compulsion. I have emphasized that the link between repetition compulsion and the theory of the death instinct constituted a great stumbling-block in our understanding of the repetitive phenomena subsumed under the concept of repetition compulsion. The designation of repetition compulsion as a regulative principle of the mental apparatus, which is 'beyond the pleasure principle', added to the difficulties.

Freud introduced the concept of repetition compulsion as characteristic of the instinctual drives. What led to the conceptual difficulties was Freud's correct observation that the term 'repetition compulsion' applies to certain forms of behaviour of small children as well as of 'traumatic' neurotics. However, if we assume that repetition compulsion refers to the manifestations of an 'instinctive behaviour pattern' where the executive apparatuses are still or become again passive relative to the instinctual drive and/or the affect, then everything falls into place.

'Instinctive behaviour pattern' is phylogenetically and ontogenetically older than learned behaviour. I have discussed earlier in this paper how in evolution such instinctive patterns may become building stones of structure formation. Hartmann's statements that 'repetition compulsion is the older form of regulation', or that repetition compulsion can be 'domesticated' (26) and may have its share in learning processes become even more meaningful in the context of my assumption that repetition compulsion is an example of passive, instinctive behaviour pattern.

Already in Chapter VII of his *The Interpretation of Dreams*, when Freud discussed wish fulfilment in dreams, he emphasized that we cannot equate wish fulfilment with pleasure. The formulation of structural concepts facilitated the

distinction between the two. Freud said much later, 'There is a long way from the pleasure principle to the instinct of self-preservation' (18, p. 129). We may paraphrase this statement by saying: there is a long way from the pleasure principle as regulating principle of drive discharge to pleasure as affect, experienced as such by the ego, and from the discharge of an instinct to pleasure. Pleasure as an experienced affect is an ego response. If repetition compulsion therefore leads to unpleasure, this is not an indication that repetition compulsion is a separate regulative principle, different from the pleasure principle. Discharge of an instinct is frequently experienced as unpleasure, and it is only in analysis that we can demonstrate the wish-fulfilment character of such unpleasure. This applies even more to the discharge of the 'avoidance and fright' instinct and to its evolutionary counterpart in man, the affect anxiety. Avoidance of danger can thus result only in 'negative pleasure' (avoidance of displeasure). The affect-discharge, especially the regressive, resomatized anxiety response, is never pleasurable. Even secondary libidization of anxiety is not pleasurable, and to prove the presence of such a libidization is one of the most difficult tasks of analysis.¹¹ Repetition compulsion as extreme passivity to instinctual drives and especially as the extreme passivity in the anxiety situation is usually experienced as ultimate danger by the rest of the ego and therefore as traumatically unpleasurable.

All this, however, does not establish repetition compulsion as a special regulative principle. If my assumption of repetition compulsion as an example of passive, instinctive behaviour pattern is correct, then the repetition of the trauma in post-traumatic dreams would be actually more a 'compulsion to repeat' and would have, to use Bibring's terminology, a restitutive function. It is not an example of supreme passivity but rather an attempt to restore activity.

Let us now return to the point of departure in our discussion of repetition compulsion: its occurrence in analyses of severe phobias with somatization and severe obsessive compulsive neuroses. Such cases show, especially after the breakdown of certain defences, a regression towards passivity, resulting in an encroachment of drive derivatives upon various ego functions. We see an interaction between drive regression

¹¹ The pleasure in gambling, in dangerous sports, etc., is of a complex nature, and can be best understood in

terms of E. Kris's 'Regression in the Service of the Ego' (32).

with prevalence of pregenital and destructive phantasies which are incapable of proper discharge, and an ego, unable to evaluate danger realistically, especially in the area of sexuality, which is phylogenetically linked with danger, an ego operating in ever wider areas with primary processes and non-neutralized energy. The result may be passivity towards the instinctual drives and towards the instinctive 'avoidance and fright response', resulting in the phenomenon of repetition compulsion.

In sum: this paper has aimed at a recon-

sideration of the concept of repetition compulsion. I have tried to approach this problem by applying to it Rapaport's models of passivity and activity, and by tracing the fate of instinctive behaviour patterns in man, their interlocking with and simultaneous availability with ego functioning. I hope that the approach has helped us not only to a new view of repetition compulsion, but brought us also closer towards the understanding of the phylogenesis and ontogenesis of affects, as well as of ego and superego structure.

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PREMATURE EGO DEVELOPMENT. SOME OBSERVATIONS ON DISTURBANCES IN THE FIRST THREE MONTHS OF LIFE¹

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In this paper I am reporting observations made on a full-term infant and followed for seven years. These observations relate to neural patterning which seems to result from premature stimulation in the first three months of life. They suggest that a more or less irreversible and what may rightly therefore be called a *constitutional* influence can be exerted by the early *environment*.

Greenacre (3) raised, in effect, the question of environmental contributions to constitutional equipment. She discusses the organization of prenatal and immediate post-natal narcissism, the influence of birth upon it and upon the predisposition to anxiety. She suggests that experiences in these earliest days of life 'leave some individual and unique *somatic* memory traces which amalgamate with later experiences and may thereby increase later psychological pressures.' She goes on: 'It is in fact extremely difficult to say exactly at what time the human organism develops from a biological to a psychological organization.'

Schur (8) in a definitive series of papers shows processes at work in the change from biological to psychological organization. He discusses the relation between neural-biological patterning and the psychological affect of anxiety. He also adds a new concept when he refers to ethological analogies in the neural patterning. He concludes: 'When children show an innate or early acquired homeostatic instability, both maturation and ego control are jeopardized, resulting in imperfect and unstable desomatization. . . . Such children show predisposition to severe anxiety and to severe pathology, specifically also to psychosomatic disorders.'

From psycho-analytical reconstruction it is assumed that environmental factors in the nar-

cissistic phase of libido organization contribute to the origin of a wide variety of conditions such as addictions, fetishism and perversion, psychosomatic disease, prepsychotic, psychotic and other disorders. Reconstructions along such lines are familiar from the time of Freud's original proposition that the fixation point for dementia praecox lay at the stage of primary narcissism. Observations of what the fixating experience in infancy would look like, however, are not common.

Mahler (5, 6) in her studies of autistic children *reconstructs* such a fixation point, but the youngest child on whom she reports *observations* is eighteen months old. She refers to a clinical syndrome observable in infancy which she calls by the name 'organismic distress'. Anna Freud describes how early somatic upsets may pattern later psychosomatic responses.

The study most relevant to the present case is that of Bergman and Escalona (1) who in a direct observation on full-term infants describe a syndrome of 'unusual sensitivity' around six months. These are infants who are at first so precocious as to seem budding geniuses. They also show, however, very much the quality of tenseness and characteristic jumpiness which I shall describe. Like Goldstein's idiosavants (2) the precocity and alertness proved in follow-up to be associated with weakness and vulnerability, so much so that in their later development they showed reactions of psychosis, traumatic neurosis, and feeble-mindedness. They in fact show first precocious ego development and then a later failure of ego development, both of which the authors relate to the 'unusual sensitivity'.

My observation is a description of the response to handling of Bergman and Escalona's type of

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infant. It is also the sort of experience in infancy which psycho-analysis at a later stage might reconstruct when a trauma is assumed in the phase of primary narcissism. I draw conclusions about dynamics and metapsychology, but there is an applied aspect to the case, for I suggest that neural-biological patterning is reversible only at the time of the trauma and is not itself directly accessible to later psycho-analytic interpretation, since it is not symbolic. In this way the observation reported underlines and defines the prophylactic importance of environmental homeostasis (i.e. successful mothering) for the normal infant.

The infant I shall describe was in a state of tension due to hunger for about three months. It was born hungry, and after birth a monthly nurse fed it not to satiety but on a rigid schedule. Although it gained weight steadily it was never satisfied, and so it was always tense, alert and jumpy. The mother, being preoccupied after the death of a brother, was prevented from acting in the skilled and experienced way of which she had before and later proved herself capable. But this is not relevant, for her failure in mothering was mediated to the infant by a failure of need-satisfying function, and the infant's reaction to chronic slight hunger was the result. In fact feeding was done by a nurse for six weeks.

Of interest from the point of view of early neural patterning is the fact that the child still has a wool fetish as transitional object or comforter and that the observer predicted this would happen during this first month. It seemed to arise in the following way: the nurse tied the infant's hands before feeds in a napkin. The infant in its chronically restless and hungry state sucked and mouthed this. The tying only happened for one month, but nevertheless she still, at eight years old, picks a jersey while sucking her thumbs, and tickles her nose and upper lip with the wool she has picked. This could be an accident, but it might also be regarded as a permanent biological pattern of discharging tension which originated at this point; a sort of permanent conditioning or neural patterning such as is described by Greenacre on the one hand or the ethologists on the other.

I emphasize that different varieties of patterning are part of such a general syndrome that individual outcomes are not an issue. The fate of early ego nuclei to some extent depends upon subsequent experience, and so the question whether such a reaction-potential disappears in a split-off uncathexed ego-remainder or enters

fatefully into all subsequent ego considerations depends upon our well-established principles of psycho-analytic child development.

It seems to me only a question of dosage of tension and style of impact that governs what form of patterning is established. For example, in this case a premature ego development with some prepsychotic type of verbal and motor qualities appears, but if instead of hypercathexis of attention there had been vomiting and diarrhoea or more prominent somatic discharge phenomena, then these would have attracted cathexis and instead of a premature ego development a psychosomatic development would have taken place.

The reaction by neural techniques that did occur seemed largely to by-pass motility. Since motility is the first agent of reality testing, may this not offer a prodromal encouragement to later pathological traits that muscular techniques would not? Freud speaks of muscle sadism as directed in a primary way to objects. Could techniques of neural or mental control act as prodromal states for a cerebral analogy to muscle control? Such accidental experiments happen all the time and can be watched in a proportion of new babies.

The infant which I shall describe could be seen to lack the normal instinct barrier (the Reizschutz, described by Freud in 'Beyond the Pleasure Principle'). It showed the 'unusual sensitivity' described by Bergman and Escalona and for example at two weeks, although it lived in deep rural quiet, it would, unlike an ordinary baby, be roused from sleep even by a distant back-fire, by a dog's bark, by the noise of a far-off aeroplane, a door slamming, or footsteps close at hand.

Even during the first fourteen days the infant was not only excessively wakeful owing to this perceptive acuity which, as Sandler (7) points out, is in itself an activity, but also reacted by means of such motor response as is available to a full-term infant. What should be stressed is that this 14-day infant in turning its head and eyes and reaching *gave the impression of a much older baby* apparently forced by its instinctive need to act as though focusing and purposive, certainly anticipating and therefore *forced to tolerate delay*. I would contrast this with the situation of an infant whose mother provides an instinct-barrier. Only the mothering person can arrange this, for an infant cannot arrange an instinct-barrier for itself beyond a certain point. Such a barrier was only provided from three

months old when this infant was fed to satiety for the first time.

The function of the mother as guardian of the instinct-barrier has been made actual for us in Winnicott's (9) writings. The mother, by her devotion (which is mediated to the infant by her continuous presence and resulting special empathy with its needs) can anticipate and divert almost all stimulation reaching her baby or ration it so that it is enough but not too much. In this way she sets up what Winnicott has called 'a good enough holding environment'. The mother who provides this acts as an auxiliary ego and saves the baby from both under- and over-stimulation and from premature development of its own resources.

The situation is different by the end of the first year, for as the months go by the mother gradually passes her functions over to her baby. During the reign of primary narcissism, as Hoffer (4) stresses, the mother is the whole environment: a healthy infant can so to speak 'assume' this and so take no responsibility for itself until the mother judges it possible. *Premature ego development would imply that the infant, during the phase of primary narcissism, took over functions from the mother in actuality, or started as though to do so. This would not be phase-adequate behaviour under three months.*

Consistent failure to guard the instinct-barrier happens when, for reasons either of her situation or of her personality, the mother cathects other things than her baby and, as we say, 'has something else on her mind'. In either case she is compelled, whether it is by circumstances or by her nature. Her interest is drained away from the task which for these few earliest months Winnicott properly defines as 'almost 100 per cent adaptation'. Incidentally, to fulfil her function of total concern for her baby and not to have preoccupations and distractions she, too, needs an auxiliary ego, and under modern conditions this is often the husband's role. In this case the nurse's training prevented full need satisfaction.

The infant I am describing showed by the age of three months to an observer, and also in photographs, a facies which to an onlooker expressed something between bewilderment, discouragement, and depression. This was a quiescent state which alternated with a hyper-reactive tendency and hyper-sensitivity to stimulation affecting all perceptive channels. Nevertheless by eight months this baby had overtaken its early difficulties and had won a prize in a baby show, and indeed was rather overweight. This gain in

weight was certainly connected with a capacity to drink large quantities more rapidly than usual. Having charming colouring she was a natural prizewinner. This has since become her public personality. She is accepted as unusually attractive and successful and this impression remains, however vulnerable or potentially depersonalized she may be.

In spite of these compensatory favourable elements this infant, as she grew, began at later ages to show in her character classical oral traits which would normally be lost sight of by being absorbed and sublimated during the course of development. At eight months her very appealingness, which we might also call object hunger, and also her later sympathetic quality were, I suggest, pseudo-sublimations of an impaired sense of identity and of a fluidity of identification. This seems to be related to her responses of mental alertness and liveliness from earliest weeks which, when compared to the phase-adequate response, are relatively pathological in that they represent blocking of age-adequate instinct. This pathological aspect is not altered by the fact that they are later exploited in the service of ego-development proper.

To give an example: early reactivity to the environment and facility for identification had the effect at later ages that if there was a period of contact with other children, for example on a holiday, there was liable to be, to a quite different degree from other children, an obdurate acquisition of their mannerisms, accents, postures, and interests. This particular child's character at five was full of 'attributions'. Being with her, if one knew the quotations, was like listening to a musical pot-pourri. Socially this passed as deliberate and to some was even an attraction. I think it should make us uneasy if we consider it a narcissistic process of identification and as such a substitute for true object relations.

In psycho-analytic terms, then, instead of a phase-adequate access to instinct and physical function, so to say a body ego relish leading through need satisfaction to object relations, this infant cathected and developed a narcissistic 'thought action' which also fulfilled a need satisfaction, but in a different way. On the one hand such infants miss something, and on the other they acquire a quality that others do without. That is, they develop non-muscular and symbolic aspects of themselves which are yet active responses. This is a special kind of ego development with its own potential advantages, no

doubt, as well as disadvantages. We should only evaluate reluctantly. They may even come to have survival value in later life.

To give an example of the reciprocity of mental and motor reactions in the basic constitution. In follow-up, this child from the time of first walking and expressive gesturing showed a subtle disorder of motility which seemed to be linked with her unusual mental plasticity and activity. She was always 'falling over herself', partly out of impulsive haste and partly out of 'clumsiness'. Her ideas ran away with her, and if she thought of a thing she was liable to act as though (by magic) it had already happened. Simple actions, such as reaching for a potato at a meal, thus led to upsetting the water or banging herself. The intermediate steps seemed to be lost in a magical elision: only the potato mattered, as it were, and the glass and chair did not exist for her. It seemed natural that magic proper later became important to her and she was often spoken of as a witch because she was preoccupied with magical influences which never occur to less 'imaginative' children. This also showed in her punning and neologisms and in her idiosyncratic and distinctive way of using words. A variety of constitutional traits, not only of oral character, but also schizoid mechanisms and characteristic motility and body habitus were related to the particular sensorimotor balance which this infant developed. This includes also the later-developed characteristic mannerisms with the arms and the willowy way of running and walking which could have a magical and symbolic significance giving them affinity with the organ speech of developed schizoid processes.

As an example of how the fate and outcome of such tendencies may be influenced by handling, I will describe a successful attempt at prophylaxis in this case. Her sibling when she was three and a half went to morning nursery school. The two-year-old, in her wish to keep up, began efforts at further inappropriate ego development; that is, she began to learn letters and to pretend to read and write and gave her parents the impression that she would make great strides in intellectual development. I do not think that any amount of talk could have dealt with this. Intellectual lopsidedness could only be prevented, and a phase-adequate development ensured, by means of what was really an enforced regression.

This calculated regression took the form of systematically offering a more age-adequate gratification at the very time each day when the

mother was preoccupied getting the older sibling off to school. It was nothing to do with verbalization, but purely a matter of handling. The mother being busy, the father gave up some work and devoted himself to his child for an hour in mutually sharable and enjoyable activity: swings, shopping, and walking to do things with Daddy, but with emphasis on the child's need.

This two-year-old child's clumsiness, I suggest, had symbolic implications. To enjoy ordinary reality-adapted motor activities became therefore therapeutic. Words could never produce this, and indeed would only have aggravated the tendency to use symbols. With two-year-olds actions are more phase-adequate than words, which means that in the hierarchy of development actions are regressive rather than progressive dynamically speaking. This handling enabled the child to look forward to a phase-adequate alternative to going to school which she came to value equally. It successfully reduced the intellectual precocity and the symbolization and delibidinization of objects which this threatened to enhance. It reinforced her reality testing, her control of her body and realistic mutuality with her father and got rid of her wish to go to school and all that it stands for in a mental way.

In passing we may say that it is important to note how hard it may be for parents to resist the pressure and seduction of one-sidedness in favour of all-round development. It is easy for the parent to take credit for having a 'forward' child, and not to notice at the time the loss of later ego-integration from narcissistic developments not achieved through object relations. This would be an example of the kind of choice before parents which so subtly enters into the ego-ideal and superego of a two-year-old. It is interesting too for the study of early predispositions that in the phallic phase compensation of the pre-patterning led to the development of special skill in running, climbing, and jumping in identification with boys. This must have been partly reactive and defensive in terms of the earliest experiences and in some degree therefore depersonalized in terms of affect. Gradually the motor features of the earliest times, as other compensating areas of ego developed, came to show only in revealing moments of stress.

Metapsychology

My case, while in no way psychotic in outcome in terms of Kanner's cases, can be

understood as having been started by environmental experiences in the first three months down the road to atypical development. I am suggesting that as a result of chronic tension through continual physical hunger in the first three months, we can much later observe the effect of a constitutional tendency to a state of regression within the infant's mental apparatus from the motor to the sensory end as described by Freud in Chapter 7 of *The Interpretation of Dreams*. In this chapter Freud gives a diagram showing the passage of stimuli in a progressive direction from perception, via memory storing agencies, to unconscious, preconscious, and conscious areas of the mind. In dream formation this direction is reversed, the logical relationships of the dream thoughts disappear, and 'the fabric of the organized dream-thoughts is resolved into its raw materials'. Freud speaks of this as a regression towards the perception end of the apparatus.

In the mental apparatus of the very young infant we do not think of thoughts in an organized sense. In the cases I am describing the capacity for delay has to be developed; in this particular case progressing from 2 weeks old. Capacity for delay is the distinguishing feature between reflex activity and more organized activity in the central nervous system. In this type of infant there is an economic flooding and hypercathexis of the perceptual and memory-storing end of the mental apparatus in the absence of any 'progressive' means of discharge. This is not the result of a dynamic regression from secondary to primary process, as in dream formation or psychosis, but of traumatic overstimulation of the sensory apparatus. My picture is of a physiological 'organ compliance' brought about by memory agencies flooded with memory traces, the whole balance of the process from perception to motility becoming then disturbed by what physiologists call 'facilitation' of this part of the mental apparatus. To state it differently: this is not the dream mechanism: thoughts dissolving into images, but, as it were, a traumatic access of images threatening to organize into thoughts. This at a time when secondary process is not, certainly, phase-adequate nor, to my mind, probably even possible. Some motor activities, however, are possible. These together with the activity of perception will help to act as discharge systems.

Mahler perhaps has this in mind when she discusses the effect of a shift of cathexis from proprio- and interoceptive perceptions, which are the phase-adequate neurological arrangements

of this age, to external perception. The shift, she argues, leads to diminished cathexis of the infant's own body and so also of the mother's body in order to cathect what is to become 'the peripheral rind of the ego', as Freud calls perceptual consciousness. This would involve a sort of secondary 'organ compliance' within the nervous system. The significance of this shift is as follows: at a certain point ideas become possible in the course of normal development, with this pre-patterned bias manipulation of a sensory imago takes place instead of manipulation of reality. If this underlying prodromal pattern is reinforced by usage and habit, then the stage is set so that in due time intrapsychic events can come to be treated as realities, ideas as though they had substantial existence, words as things.

In developed forms these are mechanisms characteristic of atypical cases, as also is the complementary peculiarity of magical organ speech shown in motor expressions such as the style of walking, posture, and gesturing. The characteristic 'willowy' or 'fey' manneristic quality, of which the 'schizoid grin' is the best-known example, is of course then not only descriptively but metapsychologically diagnostic of an early narcissistic trauma. The movements represent not only a retreat from reality testing (effected by altering reality through motor manipulation) but also, in correspondence with this, a tendency to use magic perceptual and thought techniques instead. This may be chronic, that is, organized and a character trait, or it may be a split-off part of the ego showing only transitorily in moments of stress and regression. In either case it may be found associated with an otherwise stable ego; depending upon later development. Happening as it does in the predominantly biological phase of infancy such patterning must be conceived as being as much part of the constitution as, for example, the effects of premature birth or physical birth injury.

The word constitution, following Freud's comments in *The Outline of Psychoanalysis* and 'Analysis Terminable and Interminable', and following greater acceptance of Hartmann's concept of autonomous ego functions, has come to require a stricter definition. Nowadays it seems often to be used by psycho-analysts as automatically meaning 'hereditary'; 'part of the germ plasm'. But this is only one of its meanings. Psycho-analysts were the first to recognize systematically that character traits which descriptive psychiatrists and general usage would consider 'constitutional' can in fact have been

acquired as the result of experience. For example: if an obsessional tendency can be hereditary. This would not exclude the possibility that an obsessional *constitution* can also be acquired. Freud suggests the mechanism. Speaking of a later age, he remarks: 'Premature advancement of the ego development ahead of the libido development contributes to the obsessional predisposition'. Hartmann may have had this passage in mind when he says: 'Acceleration of certain integrative processes may become pathological. Premature ego development, for example, may in this sense be considered as one of the factors predisposing to obsessional neurosis.'

The process of cerebral controlling which I describe in early infancy could in its turn be an anlage for such a later psychological development. This may be one of the kinds of 'increase of later psychological pressures' which Greenacre has in mind. It is important that we should not assume 'the acquired' to be in all cases 'the therapeutically reversible'. By definition constitution cannot be reversed, but of course its consequences can be better or worse managed, or changed in psycho-analysis. It seems probable, nevertheless, that traits which are in process of being acquired can, during development, be reversed if prophylactically handled at the time. The traits hardest or impossible to reverse would be those of the undifferentiated phase of development which have a biological, physiological, or perhaps ethological impact.

To express this clinically: as psychoanalysts we do not believe that we can retrospectively abolish an 'oral character' such as was developed by the infant I have described. We can and do, however, alter the *consequences* of such constitutional qualities in our clinical practice, recognizing that there is in fact a limit to what is psycho-analytically alterable and a line at which traits have to be accepted as constitutional, even if this line is hard to establish. Bowlby's reminder that there are critical phases in embryology and their application to ethology would represent such dialectical instances in development, and Balint's concept of 'the basic defect' would represent a clinical outcome.

It seems important for prophylaxis, that when we are merely uncertain about the origin of a trait we should not, in attributing it to 'constitution', be understood inevitably to mean 'hereditary', but should allow that there may well be an acquired element in the constitution also, whether the patterning becomes symbolic

and psychological or remains non-symbolic and psycho-somatic or, so to say, ethological. Somewhere in the developmental hierarchy there is, by common consent, a transition from these mainly physical and biological experiences of the undifferentiated phase to psychological ones, the timing of the transition and its role in the personality being a matter of a complementary series. My purpose in this paper has been to show how mothering of very small infants may contribute to this transition during development.

Conclusion

As a clinical sign of the normal transition from the 'virtually biological' to the psychological phase of development I would suggest: onset of a capacity to recognize the mother as different from other women. This ability when present confers a capacity for anticipation which also means the capacity for a more psychologically significant 'disappointment'. This more specific reaction is a development from the less specific tension states which would be the infant's response to frustration of the earliest developed prodromal cues such as recognition of posture or other kinaesthetic, olfactory, more primitive cues.

What I have not seen described elsewhere is the fact that the age at which this wider and more elaborated gestalt of recognition of the mother arrives *depends among other things upon the specificity with which the infant has previously been handled*. Spitz puts this age at 6 or 7 months, but in infants who are handled by one mothering person only and are under unchanging physical and affective conditions specificity arrives earlier. This is shown by the infant's directed smile (which is different from the reflex smile). It can be observed for example that a mother-specific infant at say three months old will for a while smile only at its mothering person and cry if other women approach it. This for a short phase of a week or two; then it will discriminate successfully and can smile again at all suitable people.

The earliest age at which I have seen this specificity of directed smile is at 3 months and 5 days in a full-term infant. This infant also at five months had a phase of specificity to its father, when, although it remained friendly to all women, for a few weeks it cried at strange men as though it could not properly discriminate them from its father. I have not elsewhere seen it stressed how the specificity and integration of the infant are influenced by specificity of hand-

ling and that this might advance integration in the infant.

To develop sufficient personality integration to recognize the mothering person the infant has to respond to environmental cues which it connects with her. Response to these cues is first acquired by a process best known in Pavlovian conditioning. Then at a certain point the gestalts of individual cues integrate and widen, so that we say the infant can discriminate the mother from other women. Although this achievement may be a useful clinical sign for us, its real importance is metapsychological and lies in its indicating a critical degree of personality integration and reality testing, that is, a relatively elaborated capacity for disappointment. In the case I have described such a capacity for 'disappointment' or delay in some prodromal neural way seemed to be forced onto the infant at only two weeks of age.

By means of the specificity of smiling response we can discriminate the significant difference between two sorts of babies who, I am suggesting, have very different starts in life: the baby with specificity of aims in its first six months of life which speaks of 'good object relations' and the bewildered baby elaborating defensive need systems narcissistically.

Summary

In this paper a syndrome is described which is common in the first three months of life. One possible outcome is suggested in premature ego development and also a potential relation to many other later syndromes thought of as fixations in the phase of primary narcissism. The idea is advanced of an environmentally acquired part of the constitution comparable to neural patterning. This patterning would be potentially prodromal to all later psychological development, and as Greenacre puts it 'may increase later psychological pressures'.

The patterning would be non-symbolic, and being biological probably not itself accessible retrospectively to psycho-analysis. This of course does not apply to its consequences in personality development. It is suggested that dynamically regressive handling at the time of the trauma acts through narcissistic gratification to avoid substitutive reactions which are not phase-adequate. Two instances of this are given, the adequate feeding at three months and the special encouragement at two years by the father. Attention is drawn to Winnicott and Hoffer's formulations of the phase-adequate experiences of the period of primary narcissism.

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THE RELATIONSHIP OF EARLY EGO IDENTIFICATIONS TO SUPEREGO FORMATION¹

By

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In psycho-analytic theory the concept of superego includes a psychic structure that acts in regulating the relationship between the instinctual drives and ego, and the outside world. The concept of superego formation involves the process by which prohibitions and restraints, once externally imposed, become internalized. Then the actual presence of the original prohibiting persons is no longer required. We use the term internalization to describe that process by which the ego forms inner or psychic representations of objects that had originally influenced the child from without. This process is a continuum from perception, to imitation, to taking over a characteristic of an object in an ego identification. The more developed the internalization process, the more subtly and intimately blended is that attitude or characteristic as part of the ego.

Numerous authors (Hartmann, Kris, and Loewenstein (3), Jacobson (4), and Reich (5)) have pointed out that early identifications which influence the ego also leave their imprint on later superego formation. In this sense such identifications may be regarded as among the precursors of the superego. These early ego identifications form in part around the limitation or restriction of behaviour. The formation of early identifications is influenced by the early interaction between mother and child, an interaction which reflects constitutional factors, state of development, and the mode and degree of satisfaction or frustration of needs in the child (6). In the perception of each other, mother and child share an experience which will result in differing magnitudes of conflict in each pair (1). Later, if the conflict is sufficiently intense the child tends to project the image of the mother

and to perceive it in other objects and situations. The conflict is then warded off as though it were a reality danger (6).

The degree of internalization, that is, the degree to which an individual can make a characteristic of another person his own, is one of the most important indices of identification (1). It is our view that the degree of internalization has a bearing on the type of later superego formation. In older children and adults the superego reflects the degree to which prohibitions, ideals, and values have been internalized or still need to be externally personified in a parent or surrogate. Observation of the early ego identification processes in young children can therefore be useful toward the further understanding of the import of these identifications on later superego formation. Such observations might usefully supplement the understanding of these developmental processes gained from reconstructions in the analysis of adults.

The observations reported here were made on three children who were members of a larger group participating in a study which began in the first pregnancy of the mothers. This study was instituted by Ernst Kris and Milton J. E. Senn at the Child Study Center of Yale University in 1949. The children and their families were observed by the pediatrician in periodic infant tests and in sick- and well-baby care, by the social worker in home interviews, and by nursery school teacher and psycho-analyst in the nursery school. The three children to be discussed here have also been in psycho-analytic treatment, and much of the data presented in this paper comes from the treatment sessions. (Although it has been well established that the relationship to the father plays an essential role in superego for-

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mation, our remarks will focus mainly on the mother's influence on the child's superego formation. This is partly because our observations deal with the young child, and partly because our observations of the fathers are not complete.)

Margaret was the firstborn of a young couple who had a background of social and emotional deprivation with guilt-ridden ties to their respective parents. Mr and Mrs C. were rigid, moralizing, conscientious parents who disapproved of pleasure as a weakness or evil. Children were viewed as creatures who will exploit parents if they are not carefully controlled. At the same time they were regarded as vulnerable to being damaged by their parents. Mrs C. seemed to have little empathy for the child's affective state, and did not guide herself by the child's growing capacity for self-regulation.

Margaret was born with a persistent low tolerance for tactile, kinesthetic, and auditory stimuli. In early infancy she responded to these stimuli with hyperactivity. Position change precipitated by an auditory or tactile stimulus was frequently the beginning of prolonged diffuse motor activity with signs of great discomfort. This made it difficult to hold and comfort her.

Because Margaret's sensitivities were painfully heightened by the mother's tense, frightened handling, the child early developed techniques to avoid the direct physical contact with the mother, e.g., toward the end of her first year she was more easily soothed by seeing the mother and being talked to by her than by direct physical contact. The relationship to the mother was also reflected in the defensive manoeuvres that Margaret used in new or stressful situations. Since the mother was often experienced as threatening rather than safe and comforting, the developing child experienced the outside world as a threatening place since it represented an extension of the image of the mother. The perceptual sensitivities were defensively transformed into a frightened anticipation of the new or unexpected. In her third year this anxious anticipation could be observed in her attempts to organize visual and auditory aspects of new situations before she could relax sufficiently to relate to them. Then she practised at her adjustment in a tense, dutiful way. For example, in the fourth year of life Margaret was panic-stricken the first time she was taken to see Santa Claus. Her parents described her as pale and frozen in her appearance. However, she did not flee, and after she had

enough time to look at Santa Claus and listen to him, she compelled herself, with the encouragement of the parents, to approach Santa Claus and make a tentative contact. In the analytic treatment situation she talked of Santa Claus as someone she wanted to see again so he would give her many presents. Subsequently she practised getting closer to Santa Claus figures so that by the fifth year she could go directly to a Santa Claus and talk with him. However, there was still more anxiety than pleasure involved in the experience.

In Margaret the internalization of prohibitions tended to remain at the level of imitative behaviour. Obviously, there were evidences of internalization, but even in the absence of the mother she behaved as she felt her mother would want her to, and very much as though the mother were present. Thus, Margaret's attempts to follow her own inclinations were usually painfully interdicted by the mother. She substituted compliance with the mother for adaptation to the objective situation. The mother reacted favourably to the child's compliance though she occasionally cringed at the satire of herself portrayed by Margaret's imitative behaviour.

Margaret's oedipal behaviour as seen in her psycho-analytic treatment and nursery school play revealed a depreciation of the man who was dominated by the woman. It was the woman who was active, assertive, and limiting. The man was her instrument and was dangerous to the woman if he was not. There was a paucity of tenderness and manifest passive longings. Thus the romance with the father was not convincing because the main object remained the mother who did not permit the father to become important except as a provider. Also, there had been no experience of tender feelings with the mother to prepare the child for a kinder relationship with the father. It was under the influence of the grandmother that Margaret's bride fantasies emerged. These fantasies emphasized various ways of capturing a provider. Tenderness and erotic investment were less important. The women could trust only each other, not the man. In the nursery school play her efforts to possess a boy as exclusive property usually drove the boy away. This behaviour revealed the imitative identification with the bossy mother. It was aggressively acquisitive, lacking in receptivity, coyness, and femininity, revealing the stunting of the oedipal development. Thus, in the oedipal period the developing superego did definitely reflect the internalization of the mother's dis-

comforting characteristics. However, the child continued to experience these discomforting characteristics as an outside demand, rather than as an internalized guide, indicating again that the process of internalization had been impeded.

Margaret's relationship with the mother could be described as relatively deficient in satisfying libidinal ties. This does not imply the absence of a libidinal tie, but does suggest that the child could feel loved by the mother only after compliance with the latter's anticipated wishes. This compliance served to reduce the threat of physical closeness, and later to ward off the angry disapproval and spankings of the mother. In adapting to the rigid, discomforting mother Margaret developed a psychic image of her that interfered with internalization. The image of the mother more often evoked defence against discomfort than anticipation of a soothing pleasurable relaxation. In order to deal with this image the child's ego did not take over the mother's characteristics, positive and negative, in a subtle and deeply ingrained way. The identification with the mother remained quite crude. At the age of 6½, Margaret whispered to the therapist that she was making a mess with the printing set. When asked why she was whispering she said she was afraid the mother might hear or see her whenever she did something mother did not like. Following this she told the analyst of spankings mother had administered when she had not complied with her wishes. One would expect that because she dared not rebel against her mother Margaret would be more likely to experience social anxiety and fear rather than guilt.

By the time of Evelyne's birth her mother had emerged to the study group as someone preferring a female world in which the important persons were her own mother, her sister, and a girl friend. Mrs L. gave the impression of controlling any show of emotion and of regarding strong impulses as evils. These evils included jealousy and rivalry of the sister and criticism of her husband and her own mother. Although basically an obsessional character, in times of crisis the mother had periods of neurotic illness, especially during subsequent pregnancies. She placed a high premium on efficiency, on self-reliance, and on being fair and just. At the same time she described herself as having had 'sneaky ways', particularly in relation to her father, who died when she was in puberty. The father had been a strict, severe man given to corporal punishment of his daughters. With reaction formation

she warded off her rivalrous impulses and contained her libidinal wishes. She was an introspective, imaginative person who characterized herself as a dreamer and whose relationship with the child included much mental stimulation and fantasy play.

As an infant Evelyne was not vociferous in her initial demands. She was receptive to the ministrations of her mother and was easily pacified and satisfied by the feeding. In contrast to Margaret's mother, Evelyne's mother was often aware of the child's feelings. She had a strong empathic tie to her child from the beginning, and tried to observe and respond to the child's needs.

During the first month the mother made no apparent demands on Evelyne and let her set her own feeding pattern. After this she increasingly imposed restrictions and pressures in the feeding and offered several substitute gratifications. Some of these were closer to the unmodified instinctual aims, others were at some greater distance from them. At times she gave a pacifier, at others more food. Through all the feeding the mother gave observers the impression of trying to gauge the optimal degree of pressure to exert on Evelyne without harming the child. She seemed to be trying to find the right combination of gratification and frustration. The teaching and training aspect of the feeding took a more moralistic turn at one year. At that time the mother reported that Evelyne would eat something she did not like if rewarded by something she did like. At 14 months Mrs L. could to some extent accept Evelyne's feeding herself messily, but by 16 months mother and child had made another arrangement: Evelyne was permitted to mess and feed herself at one meal daily, and Mrs L. fed her at the other two without messing.

In this manner mother exerted varying degrees of pressure on Evelyne to mould the child in the form the mother preferred. This moulding proceeded on the basis of a predominantly positive libidinal tie with the mother, whereas Margaret attempted to comply quickly with the mother's pressure in order to prevent the discomfort of being physically handled by her. Evelyne seemed to adapt herself quite well to the mother's pressures, aided in this by a capacity for receptivity, relaxation, and relatively easy pacification in the feeding.

This form of rearing and training, together with the mother's stimulation of a precocious, extensive role-playing fantasy life, fostered the subtle internalization of characteristics of the mother. At the time of her entry into nursery

school at 2 years 4 months Evelyne's self-control and organization was strikingly independent of the mother's presence. She was able to take over the mother's attitudes, values, and prohibitions and fit them into the satisfaction of her own needs. She was much less rigid than Margaret, who had to adhere strictly to her mother's commands. In Evelyne, this required a level of ego functioning in which mental activities, later essential for superego formation, were well established. These mental activities included the recollecting and conceptualizing necessary for the later idealization and internalization of parental values and prohibitions. In superego formation, the idealization and internalization of parental attitudes are often an aid to the ego's adaptive efforts. In the nursery school where Evelyne was the most predictable child in the group she also showed a high degree of ego autonomy and resistance to regression under stress.

The interaction between Evelyne and her mother facilitated ego identifications useful for adaptation. These identifications made available a large flux of neutralized energies to Evelyne. This suggested that there would be enough neutralized energies for the developing superego. We may regard the identification with the nurturing and protective mother as the forerunner of a superego which itself will be protective of the ego. For these reasons it seemed likely that Evelyne would develop a superego that would be flexible and effective for adaptation. Although we consider Evelyne the healthiest of the three children presented, we know that she had an infantile neurosis. It was in her psycho-analytic treatment for this neurosis that much of the foregoing could be established.

Jerry's parents were of lower class origins, economically and culturally. They were poorly controlled in the expression of their emotions and behaviour with the child and with one another. The marital relationship was stormy. The mother was bitter and resentful because of the unreliability of the father as a provider and because of his sexual demands. At birth Jerry was rated by all observers as a very active infant, and he remained so during the five years he was observed. Throughout his development the parents handled him inconsistently. The same behaviour that one time might bring a strong rebuke or punishment from the adult, at another time would elicit an excited jovial response or none at all. The child was frequently subjected

to excessive and exciting manipulation of the body. The mother's preoccupation with Jerry's bowel function and constipation found one expression in her frequent administration of rectal suppositories from earliest infancy. Jerry's motor restlessness and activity were so great by the end of the first year that he was untestable in the infant developmental examination.

Jerry spent the first five years in the tiny parental bedroom with his crib directly alongside the parents' bed. The brother, born when Jerry was three, slept in the same room. Each emerging skill and function of the child was immediately drawn into the excited libidinalized and aggressivized relationship with the parents. Toys and playthings were little invested for constructive play and were also handled in an excited and destructive way. Control and compliance were achieved at home with threats and spankings. His first words were 'bad boy', and he said 'I'm sorry' if his mother picked up the wooden cooking spoon which presaged a beating. Jerry was identified with the sexual role of both parents. He often manifested this identification with his whole body. Wild aggressive behaviour alternated with passive behaviour in rapid succession. In the nursery school he attacked children one moment and in the next allowed himself to be wheeled about in a baby carriage. In the analytic treatment he attacked the analyst one moment and the next lay on the floor with legs raised presenting the anal and genital region saying he had been 'shot in the back'.

The mother's overstimulation of the child at every erogenous zone and at every level of activity impeded the development of ego functions. These functions emerged but were poorly elaborated or stabilized. Instead they were repeatedly and frequently overwhelmed by the highly libidinalized and aggressivized interaction with the adult. As a result, mental and motor activities remained strongly under the influence of the primary process. The identifications retained an archaic quality in the totality with which they were made and the ease with which they shifted, and the psychic representations of the parents were more closely associated with inability to wait and direct instinctual gratification than with prohibition and control. Physical restraint and painful punishment were only briefly effective as controls. Those superego precursors which normally are based on identification with the parents' modes of gratifying or warding off their instinctual drives were under-

developed in Jerry. In addition, the development of ego functions such as concept formation and abstract thinking, later important for superego formation, were impaired in this child.

In Margaret the combination of the child's sensitivities and the mother's anxious handling resulted in the mother being experienced as a threatening object. This threat and the fear of loss of control due to the child's sensitivities produced a stiff, compliant behaviour in which the prohibitions of the mother were experienced as an outside controlling influence rather than as an integrated self-prohibiting force. This became the model for the defence of externalizing the psychic image of the mother. What had begun as an adaptation to the mother became a defence. The persistence of this mode of defence became an obstacle to the processes of internalization which are necessary for the formation of an independent superego.

In Evelynne the processes of internalization were more successful because the mother, who was more loving than discomforting, lent herself readily to introjection in the formation of partial ego identifications. This opened the way for later new identifications including superego identifications.

In Jerry the exposure to the parents' relatively unmodified and poorly modulated libidinal and aggressive drives impaired the development of the ego as an effective regulator of the id. In a child with a predisposition toward hyperactivity and motor discharge these overwhelming experiences, especially at the hands of the mother, led to an identification with the explosive mother in which the child acted out her impulses with his own body. This hampered the processes of internalization necessary for ego and superego identifications.

Discussion

In presenting and comparing three children who were observed in a longitudinal study we have tried to show how their early experiences and the identifications resulting from them might influence the capacity of each child to internalize the prohibitions of the parents in later superego formation. One can assess superego development and function in terms of its relationship to id and ego. We are interested in the degree to which the superego facilitates or interferes with the ego's adaptive efforts as well as how the id

influences functions of the superego. Where internalization has not proceeded far enough, the forming superego may reflect the ego's defensive attitudes, thus interfering with adaptation. For example, in Margaret the conscience aspect of the superego was being experienced in terms of 'Will mother approve?' rather than 'Do I approve?' Such a superego attitude will regularly impair healthy self-esteem and interfere with the formation of a useful and well integrated ego ideal. In Jerry one would expect that superego functions would retain the characteristics of the instinctual expressions to a marked degree. Thus there would be a relative underdevelopment of the superego functions of observing and remembering which would deprive the ego of important aids in its reality testing.

In Evelynne one would predict the development of an independent, unified superego which would facilitate adaptation. Reality testing and instinctual discharge would be well balanced.

Fantasy, intellectual problem solving, and the establishment of a realistic self-esteem can be facilitated by the development of the ego ideal. The ego ideal can be considered to arise from three main sources: the idealization of the parents; the idealization of the child by the parents; and the idealization of the self by the child.³ Such an ego ideal can influence superego formation by increasing the child's capacity to recognize and follow the limits of socially acceptable behaviour.

In considering internalization as a process that leads to identification one recognizes that when the psychic image is prominently externalized it may indicate a limitation or restriction of internalization. Internalization can proceed to the point where the ego takes over as its own characteristic or attitude what formerly had been imposed or demanded from outside. Then, this ego identification can become available as a forerunner to the prohibiting, moralizing, socializing superego and its extensions, the ego ideal and conscience. In the light of our observations and analytic findings, Freud's idea that the superego is the heir to the oedipal situation would imply that the process of internalization has proceeded sufficiently to permit the forming superego to be relatively independent of the ego, and to be an aid rather than an obstruction to ego function at the beginning of the latency period.

³ Personal communication, Heinz Hartmann.

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THE PRIMAL SIGNIFICANCE OF THE TONGUE¹

(In Normal and Aberrant Conditions)

By

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Alexander Pope tells us that 'The proper study of mankind is man', but gives us no clue as to just where in ourselves that study begins. That is what this paper seeks to do. Man begins his study in terms of perceptual experiences, whose basis is almost wholly sensory, at any rate in the early phases of post-birth life.

In consequence of a wide variety of undirected observations on the tongue's attributes and activities at all periods of life, of which a selection is here presented, combined with the recall of well-established anatomical and physiological data, the following proposition is suggested for consideration: That the first unit in the scale of measurement of experience is the tongue, starting at its tip and ending in the area of the posterior taste buds. The corollary, to the effect that the tongue is of primary significance in the organization of the body-ego, as well as serving as a primal medium of object cathexis, was first introduced in a recent communication (1), wherein the tongue figured in the clinical material used to illustrate the title 'Pre-Body Ego Types of Mental Functioning'.

The material presented was derived from three patients whose history gave clinical evidence of early disturbances of ego synthesis and functioning. Briefly, the contention was that the pathology of their types of thought processes and affective responses lay, *not* in their archaic modes of functioning, but in their unmodified primacy of operation. In particular, certain of the meta-psychological conclusions which were drawn derived from the discovery, in the course of the analysis of one of the child patients, of a hitherto clinically unknown, addictive, auto-erotic device, which he described as 'tongue swallowing'. His persistent practice of it only came to be discovered as a result of certain aberrations of breathing, these being one of the consequences

of its mechanical operation, as is described elsewhere (1). One of the important findings in this case, the direct application of which has led to the further discovery of two more children with long-standing and unsuspected tongue addictions, is that only by being directly questioned did the patients come to recognize consciously their repeated lingual activity. It was as if their tongue practices had, through my verbal conceptualization, become for the first time 'focalized' into awareness by the patients. This quality of imperception towards a self-regulated motor activity will be further discussed in relation to a generalized characteristic by which the tongue becomes 'overlooked', both in psycho-analytical work and elsewhere. One of the few exceptions is provided by the studies of Dr Clifford Scott (8). Hitherto, the role of the tongue has been underrated as that of an ingredient of the total mouth and feeding complex, even in Spitz's presentation of the 'Primal Cavity' (9). Certain explanations will be offered for this conspicuous oversight.

Reverting to the boy patient whose remote and pale appearance, as well as his intermittent breathing peculiarities, were to disappear once it was discovered how they were brought about by 'tongue swallowing', it should be stressed that my direct questioning brought him such instant relief as to amount to pleasure. It was as if he had thereby related himself to me and myself to him for the first time. The same pleased and animated response to direct questioning, although more fleeting, was strikingly exemplified in a withdrawn, schizoid girl, now in successful psycho-analytic treatment.² This patient's clinical history included aberrations of breathing and pallor great enough to bring about her admission to and continued attendance at an Open-Air School. Because of her marked physical and mental

¹ Read at the Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² With Mrs Lily Neurath, a child therapist at the East London Child Guidance Clinic.

improvement consequent on her analytic therapy at the Clinic (which still continues), transfer to an ordinary school is being recommended by her present Head Mistress. This girl provides my second clinical example of the strange, autistic device of 'tongue swallowing', a real introversion, be it noted, in the physical or bodily sense. Thanks to the interested co-operation of both children, their otherwise undetectable lingual activity has been photographed by X-ray. The pictures obtained clearly show the compression of the soft palate by the overcurled tongue, as well as the mechanical consequences produced by blockage of intake and output of air. This blockage of respiration, even if partial and intermittent, would be productive of important side effects on the oxygen content of the blood supply, including that to the brain. From having, perforce, had much opportunity of observing the boy patient in many of his dissociated states, accompanied as they were by pallor and lethargy, I cannot doubt their physiological promotion by partial asphyxia through 'tongue swallowing'. I shall again refer to allied phenomena when discussing the possible causation of the Isakower phenomenon (11).

Thanks to the discovery of these two cases of 'tongue swallowing' another lingual addiction was observed in an eight-year-old girl. She had declared herself (but, it should be stressed, only because of my direct questioning) a confirmed and ardent tongue-sucker. The child's response of telling me almost with glee of her secret addiction came quite early during a routine first diagnostic interview. Indeed her confused anxiety especially noted in her school report, long-existent eating 'negativisms', and marked preoccupation with a transitional object (a blanket edge), as well as the recent development of a nasal tic, self-damaging scratching of face and fingers, and a hitherto unrecognized inhibition of learning capacity, were all to improve, even within three Clinic interviews. Since no analysis was feasible, it was necessary to rely on the limited efficacy of more rapid but not less careful therapeutic procedures.³ As already mentioned, one of the most surprising features of these three children was their pleasurable relief on finding themselves asked if they engaged in any special tongue activities. The little girl's joy led her

forthwith to give an ecstatic description, not only of the manner in which she sucked her tongue, but above all of her bliss in collecting from it, as she thought, 'the most delicious liquid that there is'. Her expressions of delight were highly reminiscent of the sixteen-year-old girl referred to in a footnote by Freud in his *Three Essays* (3). This girl had written of the sucking of her 'Lutscherli' (an oral comforter) as transporting her, as nothing else could, into unsurpassable bliss, with escape from all worldly cares. She stressed that 'you are absolutely satisfied . . . you long for nothing but peace—uninterrupted peace.'

One pathognomonic difference, however, between the girl who could write an autobiographical account of her induced psycho-physical states and the type of case here under review, is the former's awareness that the 'Lutscherli' belonged to the *outside* world. The same perceptual recognition would develop in fairly normal infants, of the external (or subject-object) location, even of the child's own thumb, whereas the lingual practices in question, in that they are conducted wholly inside the mouth, would seem to be reacted to as if they had no reality existence. It is as if these practices have continued to remain at a pre-cathetic, pre-conceptual (i.e. pre-object) level. While the explanation of some aspects of this peculiarity of subliminal awareness will be discussed in relation to the nature and quality of the tongue's services to us as our most versatile organ of discrimination, certain specific reasons for their psychic imperception, especially in the type of case now under review, are proposed, as follows. In all probability, these tongue practices have been in frequent operation in such individuals, in greater or lesser degree, from the earliest months of life, and so have retained their archaic quality of subserving *primary* narcissistic and auto-erotic, i.e. pre-object, needs. But this lingual fixation, if it can be so called, would also seem to be associated with, or possibly to facilitate an inhibition of, the normal maturational patterning of the body by erogenous zones.

In examples such as these, the tongue, instead of operating as the vehicle of cathexis and as the normal precursor of an external object, itself becomes a kind of special instance of a 'tran-

³ Four months after referral, all the foregoing symptoms had disappeared. The little girl seems cheerful and outgoing, and has since moved to a new district and school outside London. Her dread of the projected move rapidly gave way to the pleasure of finding new playmates and

classmates, this sociability being one facet of a remarkable change of behaviour. Her present class teacher was astonished to learn that she attends a Clinic for psychological treatment, having been impressed by the child's cheerful adaptability and quick popularity.

sitional object', as described by Winnicott (12). Thereby it can serve instead of, or provide a by-pass for, the normal need for external object-relatedness. In the case of the little tongue-sucking girl, it seems likely that her history of manifest and sudden refusal to suck at any external thing, from the age of nine months, marked the onset of her unknown tongue addiction. At that time the introduction into the household of a seriously sick adult, who was to require many months of intensive nursing, deprived the baby of most of her mother's interest and care. As she was a very 'good' infant, it was regarded as fortunate that she would lie for hours together in her 'pram' in the garden without apparent distress. The blanket-fingering, also dating back to before one year of age, is among the concomitant infantile phenomena described by Winnicott, which simulate sensory (part-object) arousals deriving from the nursing situation. They serve to combine fragmented and displaced mouth sensations belonging to the feeding process into substitutive sensations obtained between fingers and blanket, or fingers and earlobe, etc. Hence they would seem to provide an interesting field for neuropsychological enquiry in regard to the interchangeability of sensory 'gestalts'. Future research will no doubt find a cortical basis for these substitutive or interchangeable phenomena, together with certain aspects of the type of displacement of representation of lingual addiction which were portrayed by the 'tongue-swallowing' boy, by way of some of his most dangerous acting-out. For instance, his repeated attempts to strangle others served as an incomprehensible enactment of the opposite movement of his tongue within his own person. Thus, his secret inward tongue manipulation, which interfered with his own breathing, was transformed into the use of his hands on the throat of another, so that the latter's tongue would be forced outwards, in consequence of strangulatory asphyxia. A mode of reversal such as this, as also the lingualization of his whole body, as described elsewhere (1), served as repetitive 'concretizations' (5) of an activity which was as conceptually undefined as it was invisible. Interpretation of the reversal of meaning represented by his compulsion to strangle brought this adverse behaviour as quickly to an end as his aberrations of breathing, i.e. as soon as the mechanics of his tongue pressure on the soft palate were revealed to him.

Both in his case and in that of the little tongue-

sucking girl, the psychopathological value of their addictive tongue practices lay in their sensory provision of a 'closed circle' of narcissistic self-supply, devoid, of course, of any life-sustaining value. Furthermore, the little girl had such a marked proclivity for sleeping for it to be clearly recognizable, in a clinical constellation of this kind, as serving as a mode of defensive, overall withdrawal. Thereby it constitutes another type of 'closed circle', this time physiological, destined to render unnecessary the recognition of helpless dependence on the outside world.

Up to the present the only persons to have concerned themselves with the adverse consequences of the motor activities of the normal tongue have been the orthodontists and the speech therapists. But before enlarging on those many attributes of the tongue which, as is here claimed, destine it to be the primal organizer of the self, as well as to serve as a primal bridge in the combined subject-object relationship, other clinical instances derived from an analytic case will be presented.

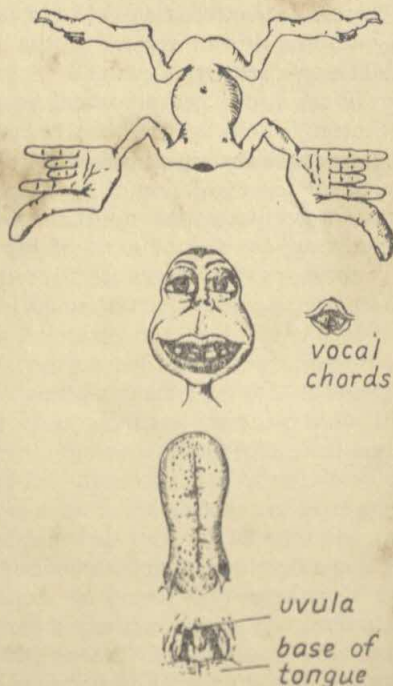
The example comes from the complex analysis of a gifted woman, whose plea of depression and professional difficulties covered an immense symptomatology. Her ascetic appearance turned out to be preserved by gross starvation and drug addiction. If social requirements forced her to eat a meal she regurgitated it. Other social complications arose from the need for her to travel with a child's chamber pot for the purpose of defaecation. A major phobia interfered with the execution of one of her most important professional duties. To confessions of polymorph perversions of one kind and another were added those of kleptomania. Suicide remained a constant threat throughout much of her analysis. At one phase, when she seemed to have reached the ultimate in despair, the patient spoke of a state of mind, and of a practice, which confirmed my clinical despondency. She described how, in her most wretched and depersonalized states, she would sit huddled and motionless in the darkest corner of a room. The only sensation left to her, which somehow proved her not to be totally lost, was that obtained from the two parts of the upper surface of her curled-over tongue being in contiguity with each other. But, instead of the revelation of this profoundly autistic practice prognosticating a bad outcome, it came retrospectively to be recognized as having presaged the reverse. In fact, it turned out to be the last and most difficult of all the many confessions

she had painfully brought herself to verbalize. Having done so, she was soon to disclose that, whereas I had always heard of the dreary view from her sitting-room window, there was yet another window, never previously mentioned, on the opposite wall. It looked out on a beautiful and secluded garden to which she had a privileged entry she had rarely used. This opposite kind of favourable confession, expressed, be it noted, in terms of opposite actions and of symbolic reversal (via the equation of the tongue with her whole body or person), of her secret lingual addiction, introduced the recovery which was, thereafter, in sight. The significance of her tongue to her was that it enabled her to give herself tactile proof of not being wholly deserted, in that there was still one faithful and responsive companion whom she could summon at will. And this, one would like to submit, is for the infant the primal role of the lively, questing tongue.

Whereas the lips and cheeks suck the milk into the mouth, it is the tongue which directs it along, in unison with palatal movements, in such a way as to prevent internal drowning through liquid entering the trachea. So the tongue starts, in current terminology, as the centre of 'innate releasing mechanisms', soon to function at the behest of both the highest and the most primitive of the nervous centres. We must remember that the tongue has the richest direct supply of cranial nerves, and is the single operator of more varied skills than is any other muscular organ or part of the body. Thus it is that, as our major 'scanner' in all senses of the word, it discriminates by being our most exquisitely accurate and actively engaged proprio- and exteroceptor. Furthermore, as well as being the mediator of taste, it is an organ of speech. I am personally indebted to Lord Adrian for having directed my attention to the important quality of precision which characterizes the information provided by the tongue, in that its assessments are *non-visual*. Apart from taste, it makes these largely by way of changing its shape and position, in order to initiate counter pressures against those other parts which comprise the oral cavity. Furthermore, we seem to be more aware of tactile sensations evoked as if from the parts touched, than of the tongue which is actively touching (and, in consequence, being touched). This, no doubt, is one reason for the lack of conscious attention given to the tongue. These tactile sensations would provide certain of the physiological substrates which help to account for the 'over-

looking' of the tongue as a directive mediator of cathexis. Through its explorations and sensations, it establishes the outside of the self as well as the attractiveness of external objects, contrasting them with the familiar inside boundaries of the 'primal cavity' (9).

Reverting to the tongue's relationship to the baby: the tongue moves with accuracy and versatility of appraisal long before any other part of the baby can purposively do so. It is the young infant's most controllable 'examiner'. Thus, in licking the face in and around its lip area, and repeatedly experiencing the cooling track of evaporating saliva which follows the tongue's movements, the baby begins to learn that it has an outside as well as an inside surface to explore. Furthermore, in children of normal physical development, i.e. with no abnormalities of tongue or brain, the tongue always returns to its fixed, midline, base. If we watch young children attempting a troublesome balancing or integrative task, including learning to write, we can often observe the tongue protruded to serve like the offsetting combination of the rudder and



Sensory and motor homunculus. This was prepared as a visualization of the order and comparative size of the parts of the body as they appear from above down upon the Rolandic cortex. There are certain unavoidable inaccuracies in the drawing.

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the centre board of a boat, i.e. as the body's centring point. The vital significance of the tongue to so many of the other members of the animal kingdom is perfectly obvious. So, too, is the known fact that the area of representation of the tongue in the human cerebral cortex is comparatively enormous in relation to that of the rest of the body (see diagrams).

Other reasons why we have scotomized the tongue and its primal importance are probably to be found in the adoption of the erect posture, culminating in the late acquisition of the tongue's apparent major role, i.e. its imitative harnessing to the requirements of speech. Perhaps the foregoing remarks will help to explain to some extent why the usual tongue activities of the baby seem to be rather unimportant to the adult. But it also seems that lingual activities are especially prone, even on a cultural basis, to become secondarily libidinized through their symbolic displacement downwards to the genitalia, so that a further impetus is given to the metapsychological neglect of the tongue.

In the first paper cited (1), the likelihood of the operation, in some pathological instances, of an archaic lingualization of the whole body was proposed instead of the more familiar assumption of its symbolic phallicization. Consideration of the possibility of the operation of this lingual equation with other parts of, or the whole of, the body might not only avert errors of therapeutic handling (including that of the castration complex), but also help to explain, for example, why some little girls seem to fail to recognize the novelty of there being a penis on another young child. As Piaget (6) shows, children have much less of a sense of patterned continuity, whether of the self or of others, than we might suppose. They almost all, however, have a lively tongue which they constantly protrude, especially if they have access to a mirror or when they recognize its counterpart in others. Indeed, Zazzo (13) reports that babies from about 15 days old will stick out their tongues in reciprocal response to an adult who is exhibiting his. What I here introduce is the suggestion that some little girls, at certain stages of perceptual awareness, vaguely apprehend the penis as a tongue which, just as in the blindfold game of the donkey's tail, would seem capable of being peripatetic.

There is not time to do more than refer briefly to lingual activities in autistic or profoundly dis-

turbed children. Clinically, however, these do in some cases⁴ exemplify an inverse correlation between so-called 'tongue-play' and the child's response to external objects, through the acquisition of spoken words. One such child began to explore the surfaces of things by first placing its fingers on its tongue and from thence on to the thing; i.e. its fingers became the licking extension of its tongue as the primal vehicle of relatedness.

Another profitable field for enquiry is provided by those aberrations which used, correctly, to be described as 'impediments of speech', produced as they are by malpositioning of the tongue. Lispings, not caused by nor producing a faulty bite, nor by loss of teeth, is the most obvious of these. The tongue is protruded between the top and bottom teeth, instead of being positioned to the back of the teeth and gums, or to the hard palate, as the correct pronunciation requires. Multiplicity of such 'impediments' due to malpositioning of the tongue, which usually become stereotyped, can produce a seemingly unknown language. Any degree of the foregoing may, of course, be fragmented or obscured by stuttering, as well as by a 'contrariwise' or spasmodic breathing action. While the symbolic meanings of stuttering and of aberrations of glottal control may differ one from another, yet identically complicate or be associated with lingual 'impediments' of speech, it is with these 'contrary' or oppositional tongue movements that we are here concerned. Quite often it is stated that a severe stammerer may seek to 'break the deadlock' by evolving accompanying tics and contortions of other parts of the body. In my experience, these should be regarded as displacements and extensions of the tongue's actions within the mouth. I suggest that certain kinds of speech defect associated with volitional malpositioning of the tongue are to be recognized as a type of focal or initiatory *lingual tic*, an expressive one in all senses. Thereby the tongue is pathologically re-cathected as the vehicle for the expression of aggressivized conflict.

A speech expert (10) states that the application of a local anaesthetic to the tongue serves temporarily to lessen impediments of speech. This, if so, supports my view that certain speech defects caused by lingual malpositioning are the unconscious volitional and tic-like expression of ambivalence, of which the motor route is blocked when the tongue is deprived of its tactile

⁴ From a personal communication by Miss Georgette Clark, the Head Teacher in charge of a residential school for severely disturbed children.

(but not its cerebral) whereabouts. Although there is not time to enlarge, by citing clinical material, on the tentative rationale of 'ambivalence' of volitional tongue directedness, the need should be stressed for making a clinical and therapeutic distinction between such 'impediments' and the conscious utilization of the tongue for erotic or perverse purposes. While the former ('impediments') are likely to be regressively related to the pregenital activities described here, conscious lingual utilizations, with certain regressive exceptions, one of which has been mentioned in the case of the depressed woman, would seem to carry a quality of secondary libidinalization rather than of pre-conceptual auto-erotism. In so far as the tongue is consciously utilized for libidinal purposes, it serves for the imitation of an action or of a function of another part of the body, such as the penis. It is, perhaps, within the context of these distinctions that it should be recalled how much more frequent are speech defects in males than in females, except among blind children. In the blind, i.e. in those for whom symbolic phallicization of the tongue is visually non-existent, the ratios tend to equalize (11).

It is to be assumed that the pre-genital, non-visual, self-comforting mechanisms of the tongue are at the intra-oral service of all small infants. Most of these, however, seem destined by their normality of response to prefer to grasp and savour, and thus include the outside, whether it be the missing nipple or their own thumb, at their lips, by which they restore their circle of balanced quiescence. This more usual type of responsive activity, whereby the tongue acts as the sensory bridge, reaching out from inside the self to experience of external objects, suggests the likelihood of its physical role being that of mediator in the maturational progression from primary to secondary narcissism. Dawning awareness of the recurring source of intrusions into the mouth, preferably desirable and 'harnessed' by the tongue, would provide an important prototype for object cathexis. By contrast, the pre-conceptual, archaic, lingual activities here discussed would facilitate temporary (normal) or prolonged (pathological) possibilities of obviating the need to seek for anything which is not immediately available. While these localized activities are in satisfying operation, there is need neither for the questing functions of an external snout, nor for the subjects' responsiveness to other tactile, visual, or auditory stimuli. As we know, the infantile his-

tory of many an adult schizophrenic is that of a baby who was inertly peaceable, and difficult or slow in feeding. Possibly some of the present clinical data and hypotheses in regard to the normal activities of the tongue, as a guide and vehicle for object cathexis, in contrast to the autistic lingual addictions here described, may indicate a somatic prototype of pathological ego development.

A little should be said about the visual linkages to the tongue's activities. According to Stinchfield (11) defects of speech are, on the whole, very much commoner among blind than among sighted children, because they are unable to see the tongue movements they need to copy. As illustrative evidence, she cites the methods used by a London schoolmistress to teach speech to deaf children of *low* intelligence, demonstrating vowels to them by visibly setting her mouth and tongue in the appropriate positions. The children, having imitated her actions, were then allowed to emit sound, from which the intended vowel followed. Here I will mention the case of a little girl who suffers from a special organic type of spatial disorientation consequent on an early encephalitis. Elsewhere her peculiar behaviour, which included insistence on putting anything she could, such as live insects, into her mouth, had been thought to be psychogenic. Her lack of comprehension of spatial 'gestalts' rendered learning of the alphabet quite beyond her powers until Mrs Elizabeth Sheppard, her therapist, persuaded her, at my suggestion, to 'lick around' the shapes of the solid wooden letters used in Anna Freud's Clinic by blind children. Although the little girl disliked the procedure, she began from then on to recognize and to draw, rather than write, the alphabet. The reasoning behind this deliberate exercise of lingual proprioception, which may possibly prove to be of service in the teaching of the blind, is embodied in this paper.

The Isakower phenomenon (4) is one which is usually experienced in the act of falling asleep. It is often associated by its subjects to their childhood, and particularly to their recollections of febrile states. When we carefully consider the terms in which it is described, characterized as these are by external formlessness and lack of definition, yet usually related to the mouth (sometimes to the accompaniment of a kind of humming or babbling, as if of continuous speech), they would seem to summarize the tactile-auditory consequences of partial tongue swallowing. Such a condition probably comes about

during the relinquishment of consciousness through the onset of sleep. The X-ray pictures of my two cases of 'tongue-swallowing' might well explain the source of the auditory stimuli, as well as the sense of giddiness described. Owing to the tongue's pressure on the soft palate and surrounding parts, and to the effects of counter-pressure from the pillow on the apparatus of the ear, the pulsations of the contiguous blood vessels may be heard internally. Probably the subjects here in question then fell asleep or else awoke more fully, the tongue pressure ceasing in either event. The tactile sensations they described, while in a drowsy state, by terms such as 'crumpled', 'light and bodiless' (and all-pervading), 'sandy or dry' (both on the whole body and in the mouth), or as 'yielding' or 'doughy', or a 'triangular mass', etc., suggest the peregrinations of the dry tongue over the palate. As previously stated, the tongue provides

the conjunction point, as well as a bridge, between the outside and inside surfaces of the self. Hence, the continuance of its activities during a complete bodily state of prone inertia may accentuate, in the way already described, such tactile dissociations as are listed by Isakower in regard to certain of his patients during the physiological process of retreat from the ego boundaries with the onset of sleep.

Nowadays, although a little less is heard of the dire consequences to feeding or speech capacities of so-called 'tongue-tie' in the baby, there are many mothers who do worry and who may plead for surgical interference. Could it be that their alleged reasons for alarm, other than in rare and exceptional cases (2), are rationalizations of their intuitive awareness that a baby whose tongue is never seen to be actively roving is one who is 'lacking' in its potential for primal exchanges of mutuality?

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SYMPOSIUM ON 'PSYCHO-ANALYSIS AND ETHOLOGY'

I. INTRODUCTION¹

By

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About a year ago when our programme committee asked for suggestions for the scientific programme at this meeting it occurred to me that this might be a good opportunity for analysts to get together to discuss the subject of the relationship of ethology to psycho-analysis. In suggesting that the symposium be set up I did so with the idea that one of its principal aims would be to consider questions and areas of ignorance rather than in the expectation that anyone would be able to present material that would furnish definitive answers.

Some of our colleagues have done work and have information which is significant; in other words, something along this line has already been accomplished. But I believe that we can agree that at the present time there are many more questions than answers in this area. On this panel we are getting together to exchange ideas, ask questions, and consider the possibilities of further work in the field of animal behaviour as it relates to psycho-analysis and the understanding of human behaviour.

I am going to discuss some of the areas of contact between ethology and psycho-analysis. Then I shall comment on the ethological theories of instinct. After that I shall report some of the ideas which have been expressed by ethologists on how ethological concepts might be applied to the study of human behaviour. Finally, I shall give several examples to show how ethological findings have been cited by psycho-analysts to aid in the understanding of human problems.

There have been an increasing number of references to ethology in the psycho-analytic literature in recent years. In many instances these have been concerned with problems of instinct or instinctual behaviour. This is hardly surprising since from Freud onwards (3, 4), analysts have looked upon certain aspects of problems involving instincts as being primarily biological

rather than psychological. In addition to questions regarding instincts, there are other areas of concern to the ethologist in which the psycho-analyst is interested.

Ethology and psycho-analysis have another thing in common; each is a relatively young discipline. It is certainly true that man has been interested in the behaviour of animals for a long while past. We have records of this interest reaching back into antiquity. Gradually the work of the naturalist appeared and grew to a tremendous volume. In many instances this work was pursued simply for pleasure or recreation. Nevertheless, much accurate and valuable information was obtained regarding the behaviour of many members of the animal kingdom.

As in the case of other sciences, the first work was descriptive: observation and classification. The name ethology was specifically applied only about thirty years ago. For the most part the early work in the field of ethology was done in Europe; only later and recently did it spread to England, the United States, and other parts of the world.

It is interesting to note, however, that early descriptions of the phenomenon of imprinting were made in England (15) and in the United States (19) during the nineteenth century. I mention this because of the great interest that has been shown by people generally, including many psycho-analysts, in imprinting.

Closely related in time to the development of interest in ethology by psycho-analysts was the development of interest in the direct observation and study of human behaviour, particularly of infants and children. And these two pursuits—the study of animal behaviour and the direct observation of infants and children—have a great deal in common.

At this point I want to mention another

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impression concerning similarities between psycho-analysis and ethology. It has to do with the way in which the ethologist goes about his work. He approaches his task with a wide field of vision; he attempts to get a picture of the whole range of behaviour of the animal (or species) he is studying. Over a period of time he becomes aware of smaller elements; he sees relations, sequences, and connexions, and then asks questions and formulates hypotheses. It seems to me that this is markedly similar to the way in which an analyst works. It may be that the absence of apparatus, a factor common to both, is a yet more striking similarity. Eminent workers in the field of zoology assure me that the recent upsurge of interest in ethology is due in large part—at least in the United States—to the fact that only recently has the work of the 'naturalist' been accepted as being 'scientific'. This, too, sounds familiar to the psycho-analyst.

Of special interest to psycho-analysts is the work which the ethologists have done on instinct. In addition to supplying information of a biological nature concerning instinct the ethologists have worked out theoretical concepts which in many instances are strikingly parallel to psycho-analytic ideas.

In a review of the work of ethologists on instinct and instinctive behaviour we encounter a large number of names. It is impossible to mention all who have contributed, but a brief list includes Konrad Lorenz of the Max Planck Institute in Bavaria; Tinbergen at Oxford; Thorpe and Hinde at Cambridge; and Kortlandt in Holland.

The work of Konrad Lorenz (8, 9, 10, 11) in the 1930s is usually cited as the start of ethology as it is now known. There is some discussion as to the definition of ethology, but I think that if it is defined as 'the scientific study of animal behaviour', that covers it pretty well. It has been defined as 'the study of instinctual behaviour', but this definition, while it indicates a principal interest, is too narrow. For example, from the beginning Lorenz, following Whitman and Heinroth, has emphasized the importance of behaviour in addition to morphology as a basis for the taxonomic classification of animals.

A summary of the ethological theories of instinct at the present time is difficult. No single formulation has been advanced which is accepted by all workers. In Lorenz's original definition of instinct he pointed out that instinctual behaviour meant behaviour of an inherited, specific, stereotyped pattern. A central idea was that of

a stored 'reaction-specific energy', and Lorenz postulated a psychohydraulic model. This notion has been criticized by workers in ethology and in other fields.

Tinbergen (17) published his book, *A Study of Instinct*, in 1951, and in that work continued the discussion. His formulations differed from Lorenz's at that time, and since then he has changed them still more. He is at present engaged in rewriting his book.

The work of Thorpe (16) represents a still later statement on the subject of instinct. He coined the term 'specific action potential' as a substitute for Lorenz's 'reaction-specific energy'.

Hinde (6), in a paper written in 1954, reported the finding that a 'constant stimulus presented at intervals to an animal does not evoke a constant response: it is therefore necessary to postulate changes in the animal's internal state.' He points out that it is the nature of these changes which constitutes one of the central problems in the study of animal behaviour. While he says that the theories of Lorenz and Tinbergen have facilitated progress in this field, he feels that those theories should be re-evaluated.

He then proceeds to examine in detail the ideas of Lorenz and Tinbergen. It is his opinion that the changes in responsiveness are due to changes in the nervous mechanism underlying the response. He thinks that Lorenz's idea of 'reaction-specific energy' and Tinbergen's 'flowing' 'motivational impulses' do not adequately describe the changes in responsiveness. Hinde feels that the lessening of responsiveness is probably related to changes in the perception of the stimulus rather than to the performance of an activity. He is also of the opinion that these changes in responsiveness are best understood by using the concept, advanced by Thorpe, of 'specific action potential'.

In his book *Learning and Instinct in Animals*, Thorpe (16) discusses the theory of instinct and drive. Thereafter he provides a detailed discussion of learning theory. If I understand him correctly, one of his main points is to show how instinct and learning are related and to demonstrate that through the development of perception and other functions the animal adapts to the environment. To an analyst this theoretical statement is entirely familiar. It immediately suggests the simplest expression of the Freudian model of instinctual drive and the development of the ego—'the organ of adaptation' (Hartmann) (5).

Before leaving the subject of instinct as

developed by the ethologists I want to refer to the work of A. Kortlandt (7). In a paper, 'Aspects and Prospects of the Concept of Instinct', with the sub-title 'Vicissitudes of the Hierarchy Theory', published in 1955, Kortlandt says that most of the ethologists '... seem to be unaware of the progress that has already been made by many predecessors in this field. ...' He then points out that Freud (2) in *Three Essays on Sexuality* '... presented a detailed account of his views with regard to the organization of the subordinate or partial instincts under the supremacy of the genital instinct and with regard to the ontogenetical development of this hierarchical system.' Kortlandt emphasizes that Freud studied ontogenetical development as well as adult organization of driving forces. He reviews Freud's ideas of the maturation and functioning of the partial instincts, their integration into larger units to form developmental stages which correspond with hierarchical levels in the driving system of sexual behaviour. He continues to consider Freud's formulations in more detail, and says: 'A student of animal behaviour who ignores all this will find himself in a similar position to an atomic scientist who ignores Einstein's theory of relativity: in such a case one's basic theoretical knowledge is fifty years behind the times.'

Kortlandt then reviews the work of earlier writers in the field of animal behaviour: Lloyd Morgan, McDougall, and others, to show that they also thought in terms of hierarchy of instinct. He continues with an interesting but complicated discussion of the subject of hierarchy which I shall not attempt to describe here. I would like to say only that he favours a 'hierarchy of goals' which, he says, is different from Tinbergen's idea of hierarchy—a hierarchy of I.R.M's (internal releasing mechanisms).

The study of man by the use of ethological methods has had some consideration by workers in several fields. Fletcher's (1) book includes a brief chapter in which he summarizes the ideas of Tinbergen and Lorenz in this area. He mentions the work of Spitz and Wolfe on the smiling response in children, and reports on the work of Brun in neurophysiology.

Kortlandt has also discussed the use of ethological methods and concepts in the study of man. There seems to be general agreement that this is a field in which a start only has been made, but which has great possibilities for development. Many writers have urged caution in attempting to apply ethological methods to the study of

human behaviour, and I emphatically agree. It is possible to see similarities between animal and human behaviour, but it is important to differentiate carefully between analogy and homology.

In this connexion I want to mention three papers in which attempts have been made to correlate ethological findings with those of psycho-analysis. I will not now go into critical detail regarding any of these, but I will simply indicate their main lines of thought.

Edith Weigert (18) in a paper entitled 'Human Ego Functions in the Light of Animal Behaviour' points out that the relative plasticity of appetitive behaviour (as compared with consummatory behaviour) reaches its height in the adult human ego. It is only in the human infant before the ego has developed significantly that there may be anything in the way of direct comparison. She feels that with the development of the ego the tools of consciousness, symbolization, and verbalization allow for a freedom of exploration and for the expression of appetitive behaviour that has no counterpart in animals. She discusses the child's experience in the oedipal conflict, comparing ethological and psycho-analytic concepts in both the successful and unsuccessful outcomes.

A second illustration of the attempt to understand human behaviour by the use of ethological findings is Esther Menaker's (13) paper: 'A Note on Some Biologic Parallels Between Certain Innate Animal Behavior and Moral Masochism.' She puts forward the idea that we frequently lose sight of the '... evolutionary continuum of living things, not only in their organic development but in their psychological development.' She expresses her idea of moral masochism as a mechanism with a high degree of biological survival value. She looks upon moral masochism '... as an attempt on the part of the ego to retain a devaluated picture of itself in order to hold on to an idealized image of a love-object which is necessary for its survival.' She then turns to Lorenz's (12) work, in which she believes she has '... found a possible behavioural counterpart to the human masochistic pattern, in which the physical survival of the animal was assured through an endogenous response.' The work she refers to is Lorenz's description of the behaviour of a timber wolf which, when in a position of certain defeat in a fight with another timber wolf, bares his throat to be attacked. This position of submission by the victim inhibits the victor so that he '... is unable

to consummate the act of aggression—is unable to bite his victim.'

Lorenz has described a similar situation in the turkey where that animal, when beaten in a fight, performs '... a specific submissive gesture which serves to forestall the attack.' In this case the beaten animal exposes the base of his skull, the most vulnerable part, to the victor. Menaker discusses the possibility of something of this nature occurring in the early mother-infant relationship. Her paper is an extremely interesting one, and this brief, over-simplified summary certainly does not do it justice.

A final paper I want to cite is that of Max Schur (14), 'The Ego and the Id in Anxiety', one which may prove of particular importance to psycho-analysis. This is because Schur appears to have found ethological material which promises to give us a better understanding of the biological roots of anxiety. In this paper Schur continues his previous work on anxiety. In pursuing the genetic point of view he considers that the concepts of danger and the response to danger lead to an area where psychology is closest to biology. Further, '... In establishing hierarchies of danger situations and of the responses to them ... it is necessary to include phylogenetic considerations. '... The reaction to danger and what constitutes danger is to a variable ... extent determined by innate givens, which have been designated as instincts.' Schur then refers to the ethologists and considers their ideas on instinct. He quotes Lorenz regarding the 'interlocking' of learned and instinctual responses; Lorenz suggests that in ontogenetic development conditioned actions are inserted in an innate (instinctual) chain so that in the higher vertebrates '... the function of genetically determined behaviour is taken over by the plastic purposive action'.

Schur next turns to Freud's definition of 'instinctual drive' as given in 'Instincts and Their Vicissitudes' to indicate that the ethological work on instinctual and learned responses '... might facilitate the difficult task of correlating ethological and psycho-analytic, specifically structural concepts'. He quotes Hartmann to the effect that in man plastic, adaptive, learned behaviour has largely replaced instinctive behaviour. Also, instincts cannot be equated with instinctual drives '... nor is the Id a simple extension of the instincts of lower animals'.

Schur feels that the instinctual drives and '... such inborn ego apparatuses which are analogous to the I.R.M. may be compared and correlated with the instinctual behaviour of animals'. He also feels that instinctual drives in man can be genetically traced to those aspects of instinct that have not been replaced by learning. He considers it probable that the execution of drives and wishes by ego apparatuses is analogous to the appetitive behaviour and consummatory acts of animals.

The foregoing is related to the problem of anxiety, according to Schur, in that anxiety has a phylogenetic history. I shall not attempt to summarize the remainder of Schur's paper except to say that he shows that the reaction of the ego to danger is a mixture of responses to the instinctual and learned elements.

In the brief summaries of these papers we have seen how attempts have been made to clarify problems in psycho-analysis by the use of information from the field of ethology. In each instance, it seems to me, the ethological material supplies, or promises to supply, that information of a biological nature which Freud referred to on many occasions, particularly with reference to problems involving instinct.

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SYMPOSIUM ON 'PSYCHO-ANALYSIS AND ETHOLOGY'

II. ETHOLOGY AND THE DEVELOPMENT OF OBJECT RELATIONS¹

By

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It is now eight years since my interest was first aroused in ethology. At that time, having reviewed the evidence that experiences of deprivation of maternal care and separation from the mother figure can sometimes have very adverse effects on personality development, I was searching for ways of understanding better the processes likely to be at work. It was Lorenz's work on the following responses of goslings which first caught my imagination, as it has that of so many others. From this time forward the further I read and the more ethologists I met the more I felt a kinship with them. Here were first-rate scientists studying the family life of lower species who were not only making observations that were at least analogous to those made of human family life but whose interests, like those of analysts, lay in the field of instinctive behaviour, conflict, and the many surprising and sometimes pathological outcomes of conflict. May it not be, I thought, that in this recent biological work lay some of the ideas on instinct which Freud had always hoped biology would one day provide for psycho-analysis?

Since then I have explored the matter more fully and have had to acclimatize myself to several sharp changes in ethological theory. In another paper of this symposium Kaufman has described some of these. The one to which I found it most difficult to accustom myself was the abandonment of Lorenz's hydrodynamic theory, whereby an instinctual response was conceived as becoming active when a sufficient quantity of reaction-specific energy had accumulated, and its replacement by the concept of a response system which is activated by one complex mechanism that takes account of both internal and external stimuli and is switched off by another and similar mechanism. Lorenz's original theory of reservoirs of energy was so like Freud's that it had all the attractions of

familiarity. The new theory of switch-off, to which my friend Robert Hinde introduced me, had all the painfulness of a strange idea. For a time I felt disoriented. Yet it is really one with which we are all very familiar. Babies stop crying when they are picked up; the bolting horse stops when he reaches his stable. In each case an activity which may be at high intensity ceases in the presence of an external stimulus situation, just as a game of football ceases when the referee blows his whistle or the motor car reaches standstill in the presence of a red light.

A main reason I value ethology is that it gives us a wide range of new concepts to try out in our theorizing. Many of them are concerned with the formation of intimate social bonds—such as those tying offspring to parents, parents to offspring, and members of the two sexes (and sometimes of the same sex) to each other. Others are concerned with conflict behaviour and 'displacement activity'; others again with the development of pathological fixations, in the form either of maladaptive behaviour patterns or of unsuitable objects to which behaviour is directed. Let me emphasize that man has no monopoly either of conflict or of behaviour pathology. A canary which first starts building her nest when insufficient building material is available will not only develop pathological nest-building behaviour but will persist in such behaviour even when, later, suitable material can be had. A goose can court a dog-kennel and mourn when it is overturned. Ethological data and concepts are therefore concerned with phenomena at least comparable to those we as analysts try to understand in man.

I wish to emphasize, however, that until the concepts of ethology have been tried out in our own field we shall be in no position to determine how useful they will prove. Every ethologist knows that, however valuable a knowledge of

¹ Read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

related species may be in suggesting what to look for in a new species under investigation, it is never permissible to extrapolate from one species to another. Man is neither a monkey nor a white rat, let alone a canary or a cichlid fish. Man is a species in his own right with certain unusual characteristics. It may be therefore that none of the ideas stemming from studies of lower species is relevant. Yet this seems improbable. In the fields of infant feeding, of reproduction, and of excretion we share anatomical and physiological features with lower species, and it would be odd were we to share none of the behavioural features which go with them. Furthermore, it is in early childhood, especially the preverbal period, that we might expect to find these features in least modified form. May it not be that some at least of the neurotic tendencies and personality deviations which we know stem from the early years are to be understood as due to disturbance in the development of these bio-psychological processes?

In a series of papers on which I am at present engaged (1, 2) I am attempting to use ideas derived from ethology to help in understanding the ontogeny of object relations and the responses of anxiety, depression, and defence which follow separation of young child from mother-figure. There are several ideas that seem to me especially useful. One is the knowledge that in many species there are instinctual response systems present in the young which lead them to attach themselves closely to a mother-figure *without the mother herself taking any action to encourage the attachment*. Goslings will follow a cardboard box, a very young bison whose mother is killed will follow the horses of the predatory hunters, a young lamb will follow a man who wanders through the flock, a newborn monkey will cling to a dummy provided it is soft and comfortable. The provision of food and warmth are quite unnecessary. These young creatures follow for the sake of following and cling for the sake of clinging.²

That instinctual response systems leading to this behaviour should exist is readily understood in terms of evolution theory (which you may recall Freud bade us study). Young who become isolated die: only those who remain in close contact with adults survive to breed. Thus

natural selection leads to the fixation in the genetic make-up of a species of response systems ensuring attachment just as surely as it does of response systems ensuring nutrition.

Such a point of view enables us to advance a hypothesis regarding the nature of the human child's tie to his mother which is different from that commonly held by psycho-analysts. The common view is that the tie is secondary and derived from the mother's providing satisfaction of what are thought to be more primary needs, e.g. those for food and warmth. This, together with the existence in psychopathology of many symptoms of a frankly oral kind, has led to great emphasis being placed in psycho-analytic theory on food and orality and to a tendency to see the child's relation to his mother as being initially one of cupboard love. The alternative (already suggested by Hermann in 1936 (10) but neglected) sees the attachment as existing in its own right as one half of a reciprocal social relationship which runs a course that overlaps but is otherwise independent of the period during which the child's mother feeds him. It advances the view that the human infant, like those of lower species, is endowed not only with a sucking response but with a number of other instinctual response systems, such as clinging and following, which lead him to attach himself with vigour at first to any mother-figure and later to a particular mother-figure and to remain so attached for a long time. Whereas in birds the making of the attachment may be a matter of days and its course be confined to weeks, in the case of the human, with his very long life-span, its making takes months and its course runs over years.

Let us list a few observations which seem to be accounted for as well or better by this hypothesis than by the traditional one:

(a) The human infant is born with a capacity for clinging which enables him to support his own weight. Freud observed this and referred to it as a 'grasping-instinct' (5).

(b) Babies enjoy human company. Even in the first days of life babies are quietened by social interaction such as being picked up, talked to, or caressed, and after a few weeks they seem to enjoy being able to see people moving about.

(c) The responses both of babbling and smiling in infants are increased in intensity when

² In 1957 Professor Harlow of the University of Wisconsin began a series of experiments on the attachment behaviour of young rhesus monkeys. Removed from their mothers at birth, they are provided with the choice of two varieties of model to which to cling and

from which to take food (from a feeding bottle). Results demonstrate that the preferred model is the one which is more 'comfy' to cling to rather than the one which provides food (9).

they are responded to by an adult in a purely social way, namely by giving the baby a little attention (3, 13). Neither food nor other bodily care is required, although their provision may well assist.

(d) A strong attachment to a differentiated object (i.e. mother-figure) develops between about three and six months and is present throughout the second and most of the third years: probably in most infants it does not begin to wane until shortly before the third birthday. During this period of life the infant responds to separation with anxiety and strong protest and, if it continues, with misery, apathy, and, later, emotional detachment.

(e) Infants become strongly attached not only to mothers who seem to neglect them but also to other infants. A good illustration of this is the behaviour recorded by Anna Freud and Sophie Dann of a group of six children aged between 3 and 4 years whose only persisting company in life had been each other. The authors emphasize that 'the children's positive feelings were centred exclusively in their own group . . . they cared greatly for each other and not at all for anybody or anything else' (4).

(f) In peoples like the Navaho, where for the bulk of their first two years most infants receive all the care and opportunity to satisfy their oral cravings that they want, melancholia and other personality disturbances develop none the less. The fact that weaning when it comes is often associated with the mother leaving the infant either for days or weeks may provide a clue to this seeming paradox (12).

Not only does a theory of the child's tie which conceives it as largely independent of the need for food enable us to see data such as these in a new and simpler light, but it also enables us to erect a simpler theory of separation anxiety than has been traditional. From the time of the *Three Essays* Freud was much preoccupied by the anxiety exhibited when the young child is alone or in the dark. Although at first he attributed it simply to dammed up libido, in 1926 he abandoned that view and erected his theory of signal anxiety. This states that, because in the absence of the mother the infant and young child is subject to the risk of a traumatic psychic experience (resulting from the accumulation of excessive amounts of stimulation arising from unsatisfied bodily needs), anxiety behaviour is exhibited as a safety device whenever she leaves him (7). In my view this is an unnecessarily complex theory. If we are right

in believing that the instinctual response systems mediating attachment to a mother-figure are primary, any interference with their operation must be expected to lead to distress and anxiety just as surely as will frustration of other primary 'instincts'. This conclusion leads to the hypothesis that separation becomes experienced as a danger in its own right as immediate and alarming as starvation: in both cases instinctual stimulation of overwhelming degree is aroused and alarm signals sounded.

A further advantage of this hypothesis is that it readily permits a theory of mourning to be developed in which depression and separation anxiety can be seen as different stages of a single process. That anxiety is a reaction to the danger of losing the object and the pain of mourning to the retreat from the lost object is a formula first proposed by Freud (7), but not one which seems to have been systematically explored.

The point of view outlined, which sees other factors making for the origin and dynamic of object relations besides food and orality, has evident advantages both in accounting for many of the observed data and in simplifying and clarifying theory. Nevertheless there are difficulties that will at once be apparent. For instance, how do we account on this hypothesis for the high frequency of frankly oral symptoms in all kinds of neurotic and psychotic conditions? Hitherto there has been no such problem, since they have been regarded simply as regressions to an earlier normal phase when object relations are nothing but oral. There are three ways in which this problem can be approached. In the first place, although on the hypothesis advanced the main dynamic of early object relations is conceived as largely independent of food and orality, oral activity obviously enters in as a component of them; the theory of regression is therefore not wholly ruled out. In the second place, by means of a symbolic substitution oral symptoms seem sometimes to be expressing the dynamic of a whole object relationship; the part represents the whole. In the third place we may consider whether perhaps in some cases they belong to the class of what ethologists have hitherto termed 'displacement activities', namely an activity which is evoked when another is frustrated and which seems out of context. To avoid invoking unsatisfactory theoretical concepts regarding the processes giving rise to such activities it may be better that they be termed simply out-of-context activities. Whatever the nature of these processes may be, however (and

as Hinde (11) has emphasized they are probably heterogeneous), there can be no doubt that in lower species they are of an infra-symbolic kind. This needs discussion.

In our work with human beings we have become so accustomed to seeing one activity taking the place of another by means of a symbolic equivalence between the two that it may be difficult for us to imagine that superficially similar substitutions may also occur at an infra-symbolic level. Let me give two examples. A child in disgrace will suck his thumb: a child separated from his mother will overeat. In such situations it is possible to think of the thumb and food as being symbolic of mother as a whole or at least of nipple and milk. An alternative is to regard such substitute activities as being produced by psychological processes operating at an infra-symbolic level, such for instance as underlie the nest-building behaviour of fighting gulls; in other words, to postulate that when the child's clinging and following response systems are frustrated sucking or overeating develop as non-symbolic out-of-context activities. It is noteworthy that something of this sort almost certainly occurs in sub-human primates. Both rhesus monkey and chimpanzee infants brought up without mothers to cling to develop a great excess of auto-erotic sucking. At Orange Park Nissen reports that, whilst thumb sucking is not seen in infant chimps reared with their mothers, after the first month it occurs in some 80 per cent of those reared in isolation. It is the same with rhesus monkeys. In Harlow's laboratory I have seen a full-grown rhesus female who habitually sucked her own breast and a male who sucked his penis. Both had been reared in isolation. In these cases what we should all describe as oral symptoms had developed as a result of depriving the infant of a relationship with a mother-figure and by means of processes which seem clearly infra-symbolic. May it not be the same for oral symptoms in human infants?

The observations of Anna Freud and Sophie Dann on the six children from a concentration camp are suggestive: 'Peter, Ruth, John, and Leah were all inveterate thumb-suckers'. This the authors ascribe to the fact that for all of them 'the object world had proved disappointing. . . . That the excess of sucking was in direct proportion to the instability of their object relationships,' they continue, 'was confirmed at the end of the year, when the children knew that they were due to leave Bulldogs Bank and when

sucking in the daytime once more became very prevalent with all of them. This persistence of oral gratification . . . fluctuated according to the children's relationship with the environment. . . .' If this type of substitution can occur in human infants, may not a process occurring at an infra-symbolic level account also for some at least of oral symptoms appearing in older subjects when whole object relations become impossible (whether for internal or external reasons)?

Schur has raised an objection of another kind. Whilst conceding that we may have to consider the rôle in development of 'partial instincts' other than the oral, he is disturbed at the possibility that we may be led into questioning concepts regarding the oral phase which are 'now taken for granted' (14). Although some analysts appear to regard such questioning with misgiving, I doubt whether Freud would have done so. He was clear that psycho-analysis is an empirical science and that, provided the empirical data are understood and respected, theory is made only to be revised or replaced. 'A science erected on empirical interpretation . . .', he writes, 'will gladly content itself with nebulous, scarcely imaginable basic concepts which it hopes [either] to apprehend more clearly in the course of its development or . . . to replace by others. For these ideas are not the foundation of science, [which] is observation alone . . . but the top of the whole structure and they can be replaced and discarded without damaging it' (6).

Whether or not hypotheses of the kind advanced prove well-based remains to be seen. My reason for advancing them is twofold. First, science always progresses fastest when there are competing hypotheses in the field. Those I have advanced are as well or better based biologically as the more traditional ones and in my view account for such data as we have, both the clinical and those of direct observation, just as well as if not better than they do. Secondly, they lend themselves readily to systematic testing by observation and experiment. In my view direct observation of mother-infant interaction and simple experiment have a great contribution to make to a better understanding of the beginnings of libidinal development and object relations; at the least they should be able to tell us whether or not we are right in thinking that concepts which have been found useful in understanding object relations in other species are useful also in the case of man.

There is perhaps a danger that, were I to end here, those who are critical of this approach

would claim that I discard symbolism as of no consequence and regard human beings as no different from apes. Let me say, therefore, that I never cease to be amazed and bemused by the complexity of symptom and psychic structure exhibited by my human patients by the very fact that man is a symbol-using species. In the course of evolution, however, there is always a tendency for older processes to persist side by side with, or subordinate to, newer processes. In our not-so-distant phylogenetic past both mother-infant and reproductive behaviour were probably

mediated entirely by infra-symbolic processes. Psycho-analysis as the study of such behaviour must therefore be on the look-out for such processes, which may perhaps be playing a larger part than we have hitherto suspected. Do not let us forget that in much of our work, as Freud reminded us, 'we are studying the psychological concomitants of biological processes' (8). It seems likely, I submit, that the better we understand the biological processes the better we shall understand their psychological concomitants.

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SYMPOSIUM ON 'PSYCHO-ANALYSIS AND ETHOLOGY'

III. SOME THEORETICAL IMPLICATIONS FROM ANIMAL BEHAVIOUR STUDIES FOR THE PSYCHO-ANALYTIC CONCEPTS OF INSTINCT, ENERGY, AND DRIVE¹

By

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Having spent the past year as an ethologist, working in a group of ethologists, I would like to tell you about many interesting studies in this field of animal behaviour, and of the methodology being used, as well as about the trends and new directions which are evolving. However, since this is a meeting of psycho-analysts, not ethologists, I have decided to limit my remarks rather sharply to a few concepts which are central in both ethology and psycho-analysis. I refer to the related concepts of instinct, drive, and energy.

Psycho-analysis has traditionally considered itself a biological psychology or an instinct psychology. (This traditional view is not essentially altered by the subsequent development of ego psychology or by the extensive application of psycho-analytic theory to non-clinical fields.) It is not surprising, therefore, that psycho-analysts have shown an interest, increasing almost geometrically, in the field of ethology, as they have become aware of the work of Lorenz (15) and Tinbergen (25), Thorpe (23), and others. However, since biologists and physiological psychologists have been studying animal behaviour for years without exciting undue psycho-analytic interest, we may inquire what there is about ethology that attracts such attention. I believe that the interest stems principally from the central position of instincts in ethological theory, as well as certain other parallels to psycho-analytic

theory. Bowlby pointed out these apparent parallels in 1953 (1): the importance of inner drives (instincts); the drive to make a love-relationship with a parental figure, and the influence of such early love objects in the selection of later objects; the persistence in adulthood of the early social responses of childhood; the critical periods of development of inner drives; and the discharge of a drive at times by displacement. It should be noted that drive and energy as well as instinct are central concepts in these remarks. I was equally impressed by the Lorenz-Tinbergen system of behaviour as it appeared in papers written between 1935 and 1950, and took a year off to work in ethology.

Lorenz first called attention to stereotyped, relatively rigid, species-specific actions, such as courtship, copulation, nest building, etc., which he considered to be instinctive behaviour patterns. In so doing he provided evidence that such actions seem to be under the influence of an internal drive. Finally, he produced a hypothesis to account for the internal drive, which Tinbergen then elaborated into a hierarchical scheme of organization.

The concept of instinct had always been associated with that of internal drive, usually with the idea that instincts were directed in some teleological way towards goals that were good for the species. Lorenz brought a new approach to the problem by directing attention not to the

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drive itself but rather to the inner physiological mechanisms underlying the specific behaviour patterns. He also emphasized the special sensory mechanisms to which the motor patterns were a response. In his view the drive is a consequence of, or an expression of, the activity of a specific co-ordinating mechanism.

Lorenz's main argument is that in each case of instinctive behaviour there is a core of stereotyped automatic action, an inborn movement, which he called the 'fixed action pattern' or FAP. These FAPS are behavioural units, quite comparable to morphological units, and equally useful for phylogenetic studies of evolutionary relationships. Since these 'fixed action patterns' often appear at the end of a chain of behaviour, apparently as the consummation of that sequence, and thus seeming to release the tension previously energizing that behaviour, he called these 'consummatory acts'. His view was that the inborn internal co-ordination mechanism of the FAP produces a drive which activates the instinct and ends only when it finds relief in discharge of the act. Until the act occurs the animals manifest a searching, preparatory type of behaviour, which he called 'appetitive'. 'Appetitive behaviour' is of a kind that is reasonably likely to bring the animal soon into the situation appropriate for the 'consummatory act' to be performed. This is accomplished by finding the specific stimulus configuration, called the 'sign stimulus', which releases the act. It was Lorenz's idea that the 'sign stimulus' is the key which unlocks the 'fixed action pattern', by fitting into the 'innate releasing mechanism' or IRM, which until it is unlocked blocks the FAP. For example, a male stickleback in mating condition swims about his territory until he encounters a pregnant female. Her abdomen, swollen with eggs, is a 'sign stimulus' which releases his zig-zag dance. When the 'fixed action pattern' has finally been performed that behaviour pattern is completed. In some cases it may never be repeated, as in the cocoon spinning of moths and butterflies which occurs only once in the life cycle. In other cases, such as eating or mating, it may recur constantly throughout life, at intervals of minutes, hours, days, or years. The whole process of FAP, IRM, and 'sign stimulus' is presumed to have evolved by the pressure of natural selection.

Lorenz thus postulated for each instinctive act a 'reaction-specific energy' which acts as though it accumulates in a reservoir with a spring-valve at its base. This valve is released by the hydro-

static pressure in the reservoir and by the 'sign stimulus', which he pictured as a weight on a scale pan pulling against the spring. His hypothesis was that each instinctive act, by virtue of the mechanism underlying it, set up a drive which pressed for release, and in so doing activated the variable 'appetitive behaviours', the goal of which was to encounter the releasing stimulus so that the act could take place and its accumulated energy be thereby discharged. It should be noted that his concept of instinct is limited to a 'fixed action pattern', such as swallowing or escaping from a predator, and is thus very different from an instinct in psycho-analytic theory; but each such instinct is inherited, and has an energy that must be discharged, which activates a drive.

Tinbergen, to account for more global patterns and sequences of behaviour, constructed a scheme of instinct as a hierarchical organization, accounting for all the related sequential activities, as in reproduction, of migration, territory procurement, mate selection, nest building, and copulation. In his scheme an instinct is made up of a number of functional levels. Incorporated in each level are one or more 'innate releasing mechanisms'. These are attuned to the biologically appropriate environmental 'sign stimulus', such as the appearance of the proper mate. Only the right 'sign stimulus' unlocks the behaviour in the levels below, allowing behaviour to proceed only in the biologically correct manner. The lower levels also have blocks and as long as they remain the 'reaction-specific energy' will activate 'appetitive behaviour', which is directive in that it ultimately finds the proper releaser. In his model Tinbergen spoke of 'motivational impulses' accumulating in 'nervous centres', ultimately leading to consummatory acts, whereby the energy was dissipated.

It should be clear how similar are Lorenz's and Tinbergen's models of behaviour to Freud's model of libidinal energy which arises from instincts, and drives behaviour, seeking discharge. Lorenz and Tinbergen made their hydrodynamic model quite explicit, as I indicated, in terms of a reservoir, spring-valve, etc., whereas Freud's hydrodynamic model was left more implicit. However, we may quote Colby (5). 'Psycho-analytic theory has conceived of instinctual energies entering the PA (psychic apparatus) and undergoing various vicissitudes. This view has unhappily led us to utilize a hydraulic metaphor picturing the PA as a series

of pipes or passageways in and out of which energy flows like a fluid. With this metaphor the PA becomes only a kind of conduit system transporting energy from one place to another.' It needs to be noted that just as Freud's model explains most observable phenomena so did Lorenz's and Tinbergen's. Thus, Lorenz's model accounts for the fact that many instinctive acts are less easily evoked just after performance, which he pictured as due to an emptying of the reservoir. Also, the gradual increase in responsiveness with time since the last performance is thought to be due to the gradual filling of the reservoir. The release of an act at times by a usually inadequate stimulus, e.g. copulation with a different species, is considered to be due to accumulation of energy in the reservoir to a level where almost anything will release it. Finally, the performance of an act *in vacuo*, that is to say without any discernible stimulus, e.g. an escape reaction in a tame animal living in a safe environment, is pictured as due to the lack of performance of the act causing the accumulated, undischarged energy in the reservoir to reach so great a height that it forces open the valve. Tinbergen's scheme accounts for the orderliness of long temporal sequences of behaviour, such as the stickleback migrating, finding a territory, building a nest in it, finding a mate and leading her by the famous zig-zag dance to the nest where she lays her eggs, where he then fertilizes them, after which he fans the nest to maintain proper oxygen-carbon-dioxide balance for the eggs, etc. Accordingly, these two behavioural models, which explained many observed phenomena, provided a measure of dynamic structure for ethology, breathed life into it, and stimulated further studies.

However, one danger of any model is that its characteristics may be, and frequently are, confused with those of the original, the system it is supposed to represent. As Freud said, we must not confuse the scaffolding with the building. This may not only hinder further understanding but may actually be misleading. The following is an example. Ethologists who had become familiar with the behaviour repertoire of an animal noted that at times an animal performs an act which is out of context. Thus a male gull, in the middle of an aggressive encounter with another male gull at the edge of his territory, suddenly breaks off his aggressive posture, bends down, pulls up some grass and throws it to the side, a sequence typical of nest building. Immediately thereafter he usually resumes the aggres-

sive behaviour. Another example involves a tern sitting on the nest, brooding. The mate arrives to take its turn sitting on the eggs, a procedure called nest relief. Often this situation leads to aggressive behaviour in the course of which the sitter or the reliever may be chased off. However, it is often noted that the sitting bird may suddenly preen itself, as after a bath. There is a large collection of such observations of seemingly irrelevant acts, usually occurring in a situation of conflicting motivation. The reason I bring this up now is to focus your attention on the way these observations were interpreted and named by ethologists. These out of context acts were referred to as 'sparking over' acts (16), later renamed 'displacement activities' (22). It was assumed that one instinctive act was made to occur by the energy of another act, a so-called 'allochthonous' drive, instead of (as in the usual situation) by its own energy, the so-called 'autochthonous' drive. This was presumed to happen as a result of the allochthonous drive being blocked from energizing its own act. It is quite clear that this interpretation of these phenomena, as well as the names given to them, were dictated by the conceptual model used, namely the hydraulic metaphor. It could have been any analogous energy system, such as electricity or gas. It happened to be water.

It may not be remarkable that ethologists were willing to accept such an unlikely situation as one behaviour being activated by the energy of another behaviour without there being any intrinsic motivational relationship between the two, but I do consider it most remarkable that psycho-analysts should have been so willing, considering that one of the most basic tenets of psycho-analysis is a belief in the motivational determination of behaviour. It is a curious fact that among most of the analysts who have attended to ethology and included its findings in papers on psycho-analysis the ethological concept of 'displacement activities' has been seized upon and given decisive importance. It has been used by Schur (20) to explain vegetative phenomena in a theory of anxiety; by Ostow (18) to account for the succession of phases of libidinal development; and by Weigert (27) to explain precocious sexual activity, to explain the sexual excitation that Freud postulated resulted from stress and strain, mental effort, and so on, and finally to account for transference and even sublimation. In using the ethologist's concept of 'displacement activities' it is interesting to note that the concept has sometimes been largely mis-

understood and sometimes extended to mean much more than even its ethological definition. It is clear, however, that in all cases it was not the observational phenomenon, an act out of context, but its explanation in terms of the hydraulic metaphor and displaced energy that was adopted by the psycho-analytic authors.

I cannot now dwell too long on the further ramifications of the psycho-analytic use of the ethological concept of 'displacement activities', about which I am writing a separate paper, but I must tell you of the pertinent later developments in ethology. It has by now been shown in a series of studies (17, 19, 21, 26) that these out of context acts are not profitably pictured as due to 'sparking over' of foreign energy. They do in fact result from their own causal factors, which have been demonstrated to be present either within the organism, partly as a consequence of one or both of the conflicting tendencies, or in the environment, the state of conflict making more likely, or altering the threshold of, the so-called 'displacement' response. In other words, these out of context acts, which do occur, may be explained in physiologically reasonable terms without invoking the concept of displacement of energy. It was the characteristics of the conceptual model that led to this misinterpretation, delaying proper understanding for years, and illustrating the dangers both of a hydrodynamic model and of confusing the properties of the model with those of the original.

In the meanwhile other evidence has accumulated which throws great doubt on the validity of the reservoir concept of behaviour, according to which discharge of energy in an act brings the behaviour to an end. It has become abundantly clear that most behaviour is brought to an end not by the performance of an act but by the presence of a certain stimulus situation. Thus escape behaviour ends when the predator has gone. The crying of a baby and the distress calls of a chick end when mother appears. Lest you think this is true only of disturbance behaviour let me point out that a bird stops building a nest when there *is* a nest and resumes building if it is taken away. A bird which normally lays a clutch of four eggs and then stops will go on laying eggs, even to a total of more than sixty, if the eggs are continually removed from the nest so that there are less than four present. Also, in birds that form pairs long before copulation, the courtship behaviour ends when the pair has been formed. A male songbird in mating condition sings much less when his mate is beside him.

Even the acts of eating and drinking in all species studied are in large part turned off by sensory stimuli to the mouth, stomach, and hypothalamus. All of this of course is quite consistent with feed-back mechanisms as described by cybernetics. I would only emphasize now two aspects of this: (i) such observations cannot be explained by Lorenz's hydrodynamic model, or by any model in which the driving energy can only be dissipated by the performance of an act, or its equivalent. (It is pertinent to note here that feeding a cormorant by hand in a zoo will short-circuit all the usual appetitive behaviour of food procurement. By the same token a cormorant which has stolen a nest will not build one.) The importance and prevalence of terminating stimulus situations, or goals, casts serious doubt on any universal behaviour model based on a reflex apparatus in which a stimulus produces an excitation that must be discharged in a response. (ii) Much behaviour can be accurately described as stimulus-seeking.

Tinbergen's model attempted to approach neuro-physiological reality, but a scheme involving 'motivational impulses' flowing down a hierarchical system of centres and conduits, and subsequently being discharged in action, is incompatible with the data, since among other things it does not comprehend feedbacks or terminating stimuli.

The defects of the Lorenz-Tinbergen models were already largely pointed out by the ethologist Hinde in 1956 (10), but seem to have escaped the attention of most interested analysts with the exception of Bowlby (2). If we accept the fact that these hydrodynamic models were useful only in the initial ordering of observational data from the field of animal behaviour, but now need to be discarded, what are we to conclude about the continued usefulness of Freud's hydrodynamic model of human behaviour? This question has of course already been effectively asked by psycho-analysts such as Kubie (13) and Colby, but everyone is reluctant to discard completely a theoretical model that has worked so well. Nor am I sure that it needs to be discarded at this time, providing that we are aware of its physiological improbability. Meanwhile we should be alert to alternative possibilities that would be physiologically reasonable and yet would remain wedded to our empirical observations and our psycho-analytic insights.

Now, if a hydrodynamic energy model of behaviour no longer suits observations from biology, what further implications does this have

for the very concept of behavioural *energy*? It has almost always, by almost everyone, been considered necessary to have some concept of drive to account for behaviour. This has arisen from the obvious fact of the directiveness of behaviour, even in the lowest creatures.

It has therefore been assumed that behaviour is in some way pushed, or pulled. No matter how this has been conceptualized it has usually contained in it, as Hinde has pointed out (10), 'hidden existence postulates', implying some form of energy with properties similar to Lorenz's 'reaction-specific energy'.

However defined or conceptualized, drive always refers to the cause of behaviour. Some learning theorists and psychologists speak of a general drive (9). Recent work on the reticular activating system indicates the importance for any behaviour of an ongoing diffuse activity in the central nervous system. However, to use this activity as the basis of a general drive concept seems to me to broaden the concept of drive in a way comparable to Pavlov's broadening of the term 'reflex' to the point where it becomes equal to 'behaviour'. A general drive cannot help us to explain *by itself* any particular behaviour, and certainly it is in particular behaviours that we as psycho-analysts are interested.

Ethologists have used the concept of drive in at least three ways: (i) to refer to a central nervous system state, however caused; (ii) to refer to all internal causal factors; or (iii), as Thorpe has defined it, 'the complex of internal and external states and stimuli leading to a given behaviour'. But these all leave unanswered the question of how large a segment of behaviour is to be subsumed by one drive. Ethologists generally prefer to limit drive to the behaviour resulting from one, or one set of, causal factors such as a hormone or a specific stimulus situation. Thus, an injection of testosterone would be considered to cause sexual behaviour in a gander by setting up a sexual drive. Or the sight of a hawk would be considered to cause flight in a chicken by stimulating a fleeing drive. Some ethologists prefer to speak of tendencies rather than drives, by which they mean the tendency to behave in a given way. A fleeing tendency, for example, would mean that causal factors for fleeing are present. It should be noted that ethologists always distinguish between the causes and the functions of behaviour. If a male stickleback in his own territory is approached by another male, this causes him to assume a threatening posture, the function of which,

usually served, is to scare off the other. If the intruder keeps coming, this causes the territory holder to attack, the function of which is to protect the territory. In this situation there are multiple causal factors. The threatening and attacking behaviour is caused not only by the perception of the intruder but also by the perception of its own territorial limits, and by its internal state as well, for this is a stickleback in mating condition. Thus, the outcome of behaviour is considered to be the consequence (sometimes the function) of the behaviour, whereas those factors that initiate the behaviour are considered to be the causes. Such an analysis, in both causal and functional terms, may therefore be used to explain directive behaviour, with the aid of feedback mechanisms which guide the behaviour to its end state or goal. It may be assumed that the pressure of natural selection has favoured the emergence of those behavioural sequences that lead to end states best suited to ensure the survival and reproduction of the individual. Thus the concept of *directive* behaviour and its exemplification no longer need trouble us.

The concept of purposive behaviour, however, requires that some aspect of the goal is a determining causal factor. Thorpe (24) has defined 'purpose' as 'a striving after a future goal retained as some kind of image or idea'. Such a concept is generally avoided by ethologists, who do not deal with subjective phenomena and have little knowledge of psychogenic behaviour. Thus, although Tinbergen devised a hierarchical scheme for each instinct, he does not equate e.g. the reproductive *instinct* with a reproductive *drive* caused by a procreative goal which pushes the behaviour from beginning to end, from migration to copulation; instead his scheme contains a causal chain, each step having its own specific causal factors. In his concept drive is not purposive. It also is not unitary. Of course some ethologists speak of a nest-building drive, for example, or a maternal drive, but even in such limited behaviours the evidence does not favour a unitary cause. For example, in studies of nest building in canaries (11) and maternal behaviour in hamsters (19), the necessary and invariable component actions in each behaviour were examined over a period of time. At times the component actions varied together, suggesting a common cause, but at other times they varied independently, suggesting that the causal factors were not unitary.

From a functional point of view, it might seem

only reasonable to believe or expect that there must be drives, arising from certain biological needs, to obtain food, or water, or air, and we may think e.g. of a purposive unitary feeding drive. In fact, this particular unitary drive concept, the feeding drive, is the prototype or model drive often used in many systems, including psycho-analysis, to conceptualize drive operation. Biological drives of this sort have usually been thought by psycho-analysts and others to be the sources of the energy of psychic drives. However, there are cogent reasons why in the area of such biological processes it is misleading and incompatible with the evidence to speak of unitary drives which both activate and direct large segments of behaviour. It must be made clear that the concept of a purposive unitary drive requires that the drive to reach the goal of the behaviour must arise from the goal, or more accurately from its absence, must steer the behaviour through its entire course, and must also cause it, no matter how we define the goal, and regardless of whether or not there is consciousness of the goal. Attempts have been made, as by Kubie (14), to devise schemes for purposive, unitary drives, in which a tissue need, pictured as a deviation from a homeostatic goal state, whether deprivation or accumulation, activates behaviour which in the end meets the tissue need, i.e. reaches the goal. Kubie's hypothesis is particularly brilliant, drawing as it does on many known facts of biochemistry and neurophysiology to explain these 'primary instinctual drives', which it should be noted he clearly distinguishes from psychic drives. He cites the work (of P. T. Young and) of Richter. They have shown that a variety of specific tissue deficiencies, as of sodium or calcium, may so influence behaviour as to lead to the procurement of these substances. However, it is clear that in each case separate mechanisms are at work, each with its own causal factors. It is heuristically fruitless to speak of sodium or calcium drives, and it is clearly inaccurate to speak of a unitary self-preservative or tissue maintenance drive. Kubie's hypothesis remains unproven, and there is evidence against it.

I must tell you of the analysis by Dethier (6) of the feeding activities of the blowfly. When an unfed fly encounters food, contact chemoreceptors on the tarsi are stimulated. As a result of this sensory input the proboscis is extended, which brings chemosensory hairs on the labellum into contact with the food. In response to this stimulation the labellar lobes open, thus bringing

the receptors on the oral surface into contact with the food. Stimulation of either set of receptors on the proboscis initiates sucking. The duration of feeding depends upon the time required for a high level of adaptation of oral receptors to occur. When adaptation attains a high level feeding ceases, but only temporarily until disadaptation occurs. The ultimate cessation of feeding cannot be ascribed to sensory adaptation. At the beginning of feeding the threshold of response (concentration of sucrose that elicits extension of the proboscis) is at its lowest level. At the cessation of feeding the threshold is very high. Even after disadaptation has set in the threshold remains elevated for hours. Threshold is regulated by information originating in the foregut and passing by way of the recurrent nerve to the brain, where it inhibits the effect of sensory input from the oral receptors. None of the following factors are involved in the threshold regulation: blood sugar level, stored glycogen depletion, crop content, midgut content, or humoral agents in the blood. When the recurrent nerve is cut, inhibition no longer occurs, and feeding is continuous until the fly dies. In these hyperphagic flies the threshold of response is never elevated. Hunger can be equated with absence of stimulating fluid in the foregut, i.e. no inhibiting impulses via the recurrent nerve. Consummation of feeding is brought about neither by the fulfilment of a metabolic need nor of a motor pattern. If a fly is fed the non-metabolizable sugar fucose, its threshold of response is elevated and feeding is terminated. Such a fly is 'metabolically hungry' but 'behaviourally satiated'. It will eventually starve to death through failure to feed even in the presence of glucose. Dethier concludes that 'there is no conclusive evidence of hunger "drive" in the sense of positive input from external or internal receptors or from endogenous (feeding) centres within the CNS'.

Of course this is not the whole story, since to feed a fly must first encounter food. The mechanism for encountering food, which seems to be based upon an increase in activity of the fly as the period of food deprivation increases, and during which time the threshold of response gets lower, has not been shown to be under the same control as the feeding mechanism. As far as feeding is concerned, it is entirely controlled by the foregut mechanism. Feeding is in no way driven by tissue need.

This type of evidence rules out even the tissue need hypothesis of purposive, unitary drives, the

hypothesis seemingly most likely to be correct, but which in any case has never been found to fit the sexual drive. Therefore, it would seem that as concerns primary vital biological processes, there are no goal-driven drives or urges, and there are no unitary drives.

What emerges for me is a picture of the organism born with a set of species-specific behaviour patterns, or 'instincts' in Lorenz's term, namely motor acts with selective responsiveness to certain stimuli, but these patterns are not driven. These behaviours occur in biologically appropriate situations, as part of the inborn repertoire of the species, being analogous to the inborn morphology, e.g. a child has a smiling response to a specific stimulus configuration, and it also has a face. Both the morphological and behavioural characteristics have been selected for in the course of evolution as best suited to ensure survival under the usual environmental conditions. Selection pressure has acted also to ensure that certain experiences and encounters with environmental objects will be reacted to appropriately, in the course of which various conspecific relationships will be formed. Finally, certain capacities for individual ontogenetic development have also evolved, to the greatest extent in man.

This is as far as the available evidence from biology allows us to go. We must deal with this information as best we see fit. Freud (8) said, in 1922, 'Biology is truly the realm of limitless possibilities; we have the most surprising revelations to expect from it, and cannot conjecture what answers it will offer in some decades to the questions we have put to it. Perhaps they may be such as to overthrow the whole artificial structure of hypothesis.' We may accept the data I have presented as data we have been seeking from biology and integrate them into our thinking, or we may assert that they are not the data we want and ignore them.

In my view they do have certain implications for psycho-analytic theory. If primary biological non-psychogenic processes are not driven to and by goals, and if there are no unitary drives in the operation of such biological processes, how then do we account for our repeated observations that in the developed human, behaviour is driven by goals and there is a unitary sexual drive clearly operating?

The thing that seems clear to me is that both these facts must be explained by what happens to the human being during his development. The ethologist Thorpe (24) has pulled together evi-

dence from the animal kingdom which shows that integration of built-in patterns in animals occurs by learning, and he has detailed the varieties of learning. (The genetic, structural, adaptive, and dynamic implications are here of obvious importance.) Even so, there is great specificity in the learning process as well; a chaffinch will learn better how to sing a chaffinch song than any other; a canary will learn only to build a canary nest and not another; and so on.

What I am suggesting, firstly, is that purposive psychic drives, expressed by wishes, in which goals are causes, regardless of their topographical location in the mind, represent an emergent function of the psychic apparatus which develops partly by learning in the course of maturation of that apparatus. Nothing mysterious is implied, since it is assumed that this is made possible by the structural and behavioural characteristics of the human nervous system, as they have been evolved through selection pressure. In fact I believe that the mechanisms for such a drive development have been described by Kubie (12) in a series of papers on repetitive phenomena and compulsive drives, but I cannot now detail his argument. I do not know whether this is peculiar to man, but I do believe it is peculiar to a psychic apparatus in which goals can be conceptualized. I wonder if the persistence and recurrence of the idea of purposive primary instinctual drives in science is not just another anthropomorphism, since by the time we think we already have (psychic) drives.

Secondly, it seems to me that we need no longer postulate that the full panorama of sexuality as we know it in man is derived from an inborn biological urge or force pressing inexorably for discharge. Rather, we may view the manifestations of sexuality in terms of an ontogenetic development of inborn sensori-motor patterns, achieving a maturational, hierarchical, unitary structure by progressive synthesis of components through a series of transactional experiences, in the course of which the goals and thereby the drive are acquired. The basis of the continuity and ultimate unity of libidinal drive must be sought not in some mysterious *élan vital* but rather in some characteristic physiological mechanism underlying sexual excitation.

Freud, in the 'Three Essays on Sexuality' (7), described the prototype of sexual excitation in the pleasurable stimulation of the mouth in nursing. He said that the child sought this experience again for the pleasurable state it

produced, which it should be noted is a state of stimulation. I believe that Freud was then misled by his reflex analogy of behaviour and thus had to reorient the pleasure concept in terms of a discharge or lowering of excitation. Most gratifications are in fact derived from stimulation, not the lack of it. Most behaviour is brought to an end by stimuli, not by execution of acts. Much evidence from the animal world indicates the importance and even survival value of stimulation. To work very much at all the brain requires a continuous supply of stimulation. People deprived of sensory experience hallucinate it. All of which indicates the functional significance of stimulation. In my view, pleasure or sexual excitation arises mainly by stimulation, most often on the model Freud described.

I believe that there is a second source of pleasure by stimulation, which bears also on the problem of unpleasure. I refer to the stimulation which brings to an end so-called reactions to deficit, as for example, the appearance of a mother figure at the side of a distressed offspring, whatever the cause of the distress, or unpleasure. This brings the distress behaviour to an end and may, I think, produce a pleasurable state thereby. This may be of extreme importance in establishing the relationship of child to mother, in a manner related to what Bowlby has hypothesized (3), and may thus be of crucial significance also in the later development of object relations. You may recall that Bowlby's hypothesis is that the child becomes attached to his mother by a number of 'instinctual response' systems, each of which is primary and which together have high survival value. The 'instinctual responses' he describes are crying, clinging, smiling, following, and sucking, which are 'fixed action patterns'

by Lorenz's definition. Bowlby's theme is that each of these patterns is in fact consummated in relationship to one object, the mother, and that therefore the attachment to mother results from this focussing. He says further that until the child 'is in close proximity to his familiar mother-figure these instinctual response systems do not cease motivating him' (4). I have this objection to Bowlby's hypothesis: in themselves these component 'instinctual responses' cannot explain the ultimate continuity and unitary nature of the libidinal drive and its relationship to various body parts.

It is my suggestion, then, to repeat, that the basis of the continuity and ultimate unity of libidinal drive should be sought in the processes underlying sexual excitation. I would suggest further that the modern evidence about behaviour terminating stimulus situations and stimulus-seeking must be included in our re-evaluation of the pleasure-unpleasure series, its relationship to sexuality, and its rôle in behaviour.

With respect to the ontogenetic development I have suggested for libidinal drive it may be objected that it is a secondary or acquired drive. I submit that it is, but I do not see why this should demean it. The idea that libidinal drive is innate has been useful but not necessary, and certainly it has never been proved. The drive acquired through experience is not any the less biological, since it depends on human structure and function, and especially a particular capacity for sensory pleasure. It is no less constant, since the biological capacities and experiences are species typical. Finally, this suggestion alters libido theory only to the extent of re-interpreting the biological basis of its origins, rejecting the innateness of the drive component.

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PERCEPTION, IMAGINATION, AND REALITY¹

By

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The relation of perception to reality has posed a problem for philosophers and scientists for all the millennia that man has been a thinking animal. It remains an unsolved problem today, though we may have new questions to ask about it and new words in which to ask them. My thesis is directed to the questions that psycho-analysis may raise in this connexion, and specifically to the role of the imagination in the interrelationship of perception and reality.

I am placing my questions in the context of the larger problem of the nature of the imaginative process, which I believe deserves closer psycho-analytic scrutiny than it has received. The term imagination is used very loosely in psycho-analytic writings, and has a different meaning for every author. It would be an endless task to attempt to reconcile the various uses of the term imagination, and I can only hope to make clear the sense in which I use it, to examine certain psychological phenomena which are usually subsumed under the rubric of imagination, and to apply to them the precise tools of psycho-analytic theory, specifically the structural theory and the concepts of instinctual energetic vicissitudes.

For the purpose of my discussion I would define imagination as the capacity to form a *mental representation* of an *absent* object, an affect, a body function, or an instinctual drive.² I am here defining a *process* whose *products* are images, symbols, fantasies, dreams, ideas, thoughts, and concepts. It is essential to distinguish the process from the products. I recognize that this definition does not follow the usage of everyday language, which makes imagination a phenomenon associated with creativity and unreality, beyond the realm of ordinary thought processes. I have attempted, rather, to consider imagination as a ubiquitous component of human psychic activity unique to

man—a point which I elaborated in my earlier study. In that paper I emphasized that imagination is a complex psychic function, itself the resultant of a group of ego functions, that enters into all aspects of human psychic activity—normal mentation, pathological processes, and artistic creativity. I indicated that I do not use the word 'imaginative' as the obverse of the word 'realistic', as is so often done. Imagination is not opposed to reality, but has as one of its most important applications, adaptation to reality. This, in effect, is the central theme of this paper.

By defining imagination in this fashion, I find myself in disagreement even with psycho-analytic authors. Rycroft (19) for instance, limits imagination to 'the process of elaboration, organization and configuration of images which subserves the secondary process', and would restrict the term 'phantasy' to the use of imagos by the primary-process. Rycroft emphasizes, as I do, the role of imagination in adaptation to reality, and recognizes, as is generally accepted, that unconscious fantasy has a role in reality-thinking. I differ with Rycroft, however, in his limiting imagination to secondary process. In my earlier study I offered my reasons for broadening the concept of imagination to cover all human psychic phenomena in which absent objects achieve mental representation. Imagination in this sense can then be subdivided into primary-process imagination and secondary-process imagination according to the mode of discharge of instinctual energies achieved by the products of the imaginative process.

The ego's function of relating to reality may appear in one of several forms—adaptation to reality, testing of reality, the sense of reality, or the awareness of reality—but all are based on perceptive experiences. Psychic activity is set in motion by stimuli and it must be assumed that

¹ Expanded version of Paper read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² I have discussed the general problem of the psycho-analytic psychology of imagination in an earlier paper (1).

stimuli are somehow registered in the mind to accomplish this. In other words, stimuli must be perceived.

The study of perception is now in the forefront of interest of academic and experimental psychologists, but I shall by-pass consideration of 'the chaotic state of perceptual theories' as one psychologist (10) puts it, and offer only what appears to me pertinent to my thesis.

It is, of course, clear that immediate sensation, the reaction of sense-organs to sense-data, should not be equated with perception. Confusions arise in the more complex perceptual phenomena, the relation of perception to conscious awareness and the relation of perception to cognition, apperception, or apprehension. Fisher (4) and others have demonstrated conclusively that stimuli may be registered in the psyche without conscious awareness. It is not certain that all stimuli achieve psychic representation, but when this does occur we assume registration as a memory-trace. Nor are the factors known which determine that a sensation or a memory-trace reach consciousness.

We may formulate a hierarchy of perceptive experiences. At the first level are the sense-data of the primary modalities, the response of the sensory nerve endings to temperature, pain, touch, proprioception, and pressure. To these must be added the special sensory responses of vision, hearing, taste, and smell. At this level sensation is a neuro-physiological phenomenon, and I would agree with authors who consider this phase as pre-perceptual.

The next level is the organization of these primary sensations into percepts. In animals as well as in man these more complicated percepts are recognized by the responses they produce, as gestalts and configurations of space, form, and colour. At this level, also, as we have learned from comparative psychologists, the percepts are characterized above all by their relation to direct and immediate sensory stimulation. This is still not the imaginative process, though it may involve complicated mentation. It depends on signals, not on mental representations. These gestalts form the reality-world of the organism, the 'Umwelt' described by Jacob von Uexküll (21). As he has shown, this reality varies for each animal according to its specific biological and psychological structure, made up, as he says, of its receptor and effector cues (p. 12).

Only at the third level does perception achieve representation independent of immediate and direct sensory stimulation, and only then can we

speak of a true mental representation of 'what is not actually present to the senses'. (*Oxford English Dictionary*.) Stimuli emanating from the outer world are organized into a concept of this outer world, of reality; and stimuli emanating from the body organs and muscles contribute to another part of the concept of reality, the image of the self. But in both instances the stimuli must pass through a complex process before they are conceptualized in the mind. Thus the waves that are produced by a tuning fork (i) impinge upon specific sense organs which (ii) transmit nerve impulses to a specific area of the brain, where (iii) the stimulus is recognized as a sound of specific pitch and tonal quality. But in each step of this process we deal with a different sort of physical, psycho-physiological, or psychological activity. The waves of the original stimulus are entirely different from the nerve impulses, and these are different from the concept of a sound.

It follows that there are several different aspects of reality. There is an 'outer' reality (which includes the body), whose existence and nature we can only assume from indirect evidence; there is a reality of direct perception of immediate sensation; there is a reality of organized gestalt configurations; and finally, there is a reality of abstraction and conceptualization. Only in man is there this last kind of reality, and it is the one we understand the least.

This is a familiar formulation which emphasizes that perception may be defined differently according to which aspect of it one is observing. One must distinguish physiological perception from psychic perception and one must distinguish the 'physical' world from the 'perceptual' world. Thus, speaking as a neuro-physiologist, W. Russell Brain (2) states that 'the perceptual world is not identical with the physical world, but is a representation of it'; and speaking as a psychologist, Gibson (10) distinguished the 'literal' world from the 'schematic' world, a distinction which he believes calls for two kinds of perceptual theories that are not contradictory but supplementary to each other.

From the psycho-analytic viewpoint the organization of percepts in man involves the interaction of a number of ego functions, which in sum make up the imaginative process. In its development, imagination is influenced both by the vicissitudes of the ego functions and by instinctual conflicts. Of special significance are the role of object relations and the development of separate identity. The infant progresses from

its primitive state of undifferentiation to the separation of self and non-self. The capacity to represent the external object as non-self, to function in relation to a 'real' external world, implies the capacity to represent the self as well. The latter is the response to sensations of body parts, of physiological functions, and of affects. There is constant interaction of percepts of stimuli from the outer world, the body, and their organization and synthesis by the ego. Responses to stimuli are mediated, as the child develops and his ego functions mature, almost exclusively through mental representations. Mental functioning takes on its characteristic and unique human quality—perceptions of the external world, perceptions of inner drives, affects, are all somehow registered in the mind by psychic representations, and it is to these representations that the energies of the instinctual drives are directed in the process that we recognize as 'cathexis'.³

Reality is a relative, indeterminate concept, influenced by the imaginative process in man. The testing of reality, as is the case with cathexis, is carried out not directly on the external objects, the outer world, but on the mental representations of the external world. These mental representations are exposed to distortion in the neurotic and even in the normal person through a number of factors: libidinal and aggressive drives, wishes, frustrations, memories, and associations, among others. Freud makes clear the role of mental representations in reality testing. In his paper on 'Negation' (9), he says: 'The contrast between what is subjective and what is objective does not exist from the start. It only arises from the faculty which thought possesses for reviving a thing that has once been perceived, by reproducing it as an image, without its being necessary for the external object to be present. Thus the first and immediate aim of the process of testing reality is not to discover an object in real perception corresponding to what is imagined, but to *re-discover* [author's italics] such an object, to convince oneself that it is still there.'

All external perceptions are to some degree distorted on the path to psychic representation and in the testing of reality. In the testing of the relation of an external perception to an internal image, one psychic representation is being compared to another. Freud was fully cognizant of this problem, and in his paper on 'The Uncon-

scious' (7) he notes that 'just as Kant warned us not to overlook the fact that our perceptions are subjectively conditioned and must not be regarded as identical with what is perceived though unknowable, so psycho-analysis warns us not to equate perceptions by means of consciousness with the unconscious mental processes which are their object. Like the physical, the psychical is not necessarily in reality what it appears to us to be.' Only in the most primitive circumstances—a hand on a burning stove—does the human being react directly to the stimulus.

In the psycho-analytic literature the distinction of the different aspects of reality has been clearly noted. Freud (5, p. 620) distinguished *psychical* reality from *material* reality, and he saw unconscious mental activity as 'the true psychical reality' (p. 613). Psychical reality as defined by Freud is evident in the derivatives of unconscious mental activity in all aspects of psychic functioning, both normal and abnormal, in slips of the tongue, object relationships, artistic creativity, and in manifestations of mental illness. These are, in my opinion, all expressions of the imaginative process. I would, however, consider psychical reality to be more than the reality of unconscious mentation; I see it, rather, as the reality that is created in the mind of each individual by his imagination, both conscious and unconscious imagination, both primary-process and secondary-process imagination.

Opposed to reality is the hallucination which, even in its early form of hallucinatory wish-fulfilment of the child or the wish-fulfilment of the dream, is already an advanced psychic process that requires the function of the imagination, the capacity to form mental representations.

The hallucinatory wish, when it does appear, is countered by the demands of reality, and the ego's reality function will, in normal development, replace the hallucination or fantasy with a reality-oriented group of psychic products. The struggle to achieve this transformation, the conflict between the wishes of the instinctual drives, the id, and the restrictions imposed by reality by way of ego and superego functions, finds expression in the symptoms of mental illness. The dynamic conflict that is at the basis of psychopathology is in this sense a conflict between different mental representations, different products of the imagination. It is specifically those manifestations of imagination that aim at

³ Compare the editors' introduction to Freud's 'Three Essays on Sexuality' (S.E., 7).

immediate gratification, the primary-process manifestations that disregard the demands of reality, whereas the secondary-process manifestations which permit the postponement of discharge are related to reality.

It must be remembered, however, that primary-process activity is normal and under certain circumstances serves the organism's adaptive needs. We owe to Ernst Kris (15, *passim*) the concept of regression in the service of the ego, and we know that there are normal states which require the capacity to regress and utilize primary-process discharge. We are especially familiar with the role of regression in artistic creativity, but even in scientific thought there are preliminary phases of primary-process imagination.

In animals, psychic activity, no matter how complex, is activated only in response to direct and immediate sensory stimulation. In man, a new factor is introduced—the functions of the ego—and it is by these functions, which include the imaginative process, that man can delay discharge and adapt to reality. Only man has the capacity to respond to a mental representation, to a fantasy which embodies a wish derived from instinctual drive impulses. Man interposes between the external stimulus and his response the unique products of his imagination. Man and animal share the function of memory, but the memory-trace differs from a mental representation, though memory, of course, enters into the formation of mental representations.⁴

Mental representations may take one of several forms, which we may list in a hierarchy—symbol, image, fantasy, thought, and concept. The animal also organizes its percepts, but the space-gestalt or object-gestalt of an animal is different from the human conceptualization of time, space, and object. It is not possible in a short communication to consider all the manifestations of the imaginative process, and I shall limit myself to discussion of symbolism and fantasy, as these are profoundly involved in the ego's adaptation to reality.

Symbolism is a form of indirect representation that supplies the building stones for the various mental representations: the dream, the fantasy, the hallucination, the symptom, and language. By the formation of symbols the ego can interpose inner mental indicators between the stimulus and the response of the organism, and thus delay the discharge of the tension produced by the

stimulus. Also by the formation of symbols the ego can displace wishes from forbidden objects on to some substitute, the symbol, and so effect immediate gratification. In both instances symbolism serves the organism's adaptation to reality.

In psycho-analysis, symbolism has a specific significance that is different from its meaning and use in literary and philosophical writings, and it is important that we clarify this difference. The symbol, in its dictionary definition, is 'something that stands for, represents, or denotes something else (not by exact resemblance but by vague suggestion, or by some accidental or conventional relation)'. (*Oxford English Dictionary*.) The psycho-analytic use of the term would agree with this definition, but it adds the distinction between two types of such indirect representation. Psycho-analysis distinguishes between the conscious sign or token and the representation of an unconscious mental content by a substituted representation. The former aims at communication with delay of discharge; the latter achieves immediate discharge by repression and distortion of the unconscious content. Communication in this instance may be a secondary result and is effected unconsciously.

It is not pertinent at this time to enter into the complex philosophical problems of the origins of symbol formation, which would involve consideration of language, myth, and cognition. I would only bring to mind the theory that what is in our culture a conventional sign or token used in everyday speech, was at one time in earlier cultures a symbol representing unconscious forces (Cf. Róheim, 18). Jones (13, p. 131), stated that in psycho-analytic symbolism a more essential idea is represented by a less essential one, and that the two are related by inner or outer association. He added (p. 158) that 'only what is repressed is symbolized; only what is repressed needs to be symbolized'. Today, in terms of ego psychology, we prefer to say that symbol formation is a basic component of human psychic activity related to the ego's function of mediating between the external world and the inner drives, but Jones' formulation is, I believe, still valid.

The symbol, like the dream, has a manifest and a latent content. The manifest content is, of course, what appears to consciousness. In fact, the symbol is always conscious, whether it be a word, an image, or an act. What is unconscious

⁴ I have discussed this question in greater detail in my earlier paper (1).

is the repressed meaning, that which the symbol represents. Symbol formation in this instance is an unconscious process by which a conscious perception replaces an unconscious mental representation. At the same time, the symbol may have another meaning which is not repressed and is readily understood. The meaning of the symbol that arises out of unconscious mental activity is not recognized and its interpretation is resisted by powerful forces, the counter-cathexis of ego defences. But by the conscious representation of the unconscious mental content that characterizes the psycho-analytic symbol, primary-process discharge of repressed psychic energy is made possible.

Very different is the contrived representation, which should be called a token, sign, or emblem, but which in common speech is also called a symbol. Here the representation is formed by a conscious or preconscious mental act. This type of symbol is immediately recognized for what it represents; its meaning is a matter of linguistic usage and conventional agreement and there is no resistance to accepting its meaning.

The outward characteristics of a symbol do not determine whether it is the product of primary or secondary process activity. A two-headed monster in a child's drawing has different significance from that in a modern painting or from that in a cartoon in a newspaper. It is these differences of significance that make it important to separate primary-process symbolism of unconscious origin from secondary-process symbolism of preconscious and conscious origin, to separate the product from the process. The consciously contrived representation that aims at communication may also have other significance, of which the symbol-maker is unconscious. Similarly, the symbol which is unconsciously produced will evoke in some a response that serves as communication, usually on an affective level. This would, however, in each instance, be a secondary result of the process.

The dream is perhaps the most striking instance of the imaginative process and especially of symbol formation. But as Freud said (5, p. 591), 'The point is not that dreams create the imagination, but rather that the unconscious activity of the imagination has a large share in the construction of the dream-thoughts.' Dream-work is a form of mental functioning that aims at primary-process discharge, taking full advantage of the free mobility of psychic energies which this implies, to create symbols by the work of displacement of energies from one object to

another and by the condensation of mental contents. Symbolism implies ambiguity, and the symbol may have one of several meanings, as the primal words in ancient languages have double meanings (5, p. 341). Only by its place in the total context can the meaning of a symbol be determined. Symbolism may serve a defensive purpose or it may serve the ego in conflict-free areas of adaptation and communication.

The imaginative process, the capacity to form mental representations, including symbols, has a developmental history. The new-born infant does not have this capacity, and we may assume a pre-symbolic phase in early infancy during which response to stimuli is somatic and physiological, without symbolic content. Only as the imaginative processes of the ego develop the capacity to form mental representations do the physiological functions assume symbolic meaning and enter into the clinical picture of organ neurosis, hypochondriasis, or conversion hysteria. Ella Sharpe (20) expresses a similar thought in her demonstration of the importance of infantile psycho-physical experiences that have 'through symbol and metaphor and psychic processes of "ordering", been welded into a creation which through words alone conveys the totality of body, emotion and mind.'

I turn next to consideration of fantasy, which to the analyst is a familiar product of the imagination. It varies in form from the isolated image to the complex story. It may be vivid and easily accessible to consciousness, or it may be vague and incapable of verbalization.

The fantasy is a compromise and a summation. It takes origin in the conflicts that arise from the unsatisfied wishes of the instinctual drives or in the frustrations of the outer world (6). It may serve as a substitute for action or as a preparation for later action. Especially in the child it may be a preparatory phase of reality functioning. It may serve the id and provide gratification or it may serve the ego as a defence. In either case it is manifested by way of ego functions. Fantasy also serves superego functions by providing the imagery behind the idealizations and moral concepts of the individual. Without the capacity to abstract moral concepts, there can be no superego, no social structure transmissible from one generation to the next.

The fantasy is a compromise in that it contains elements of gratification and of defence and also in that it includes primary-process and secondary-process components. Symbolization appears in

the fantasy as idea and as image. The fantasy is in effect made up of a group of symbols. These are synthesized by the secondary process into a unified story or, in the dream fantasy, into the manifest content by the secondary revision of the dream.

Fantasies may be conscious or unconscious. In either case they are manifestations of ego functions. It is, I believe, a theoretical error to speak of 'id fantasies' or the 'repression of fantasies into the id'. The more accurate formulation is that unconscious fantasies indicate an unconscious ego function. They are, of course, derivatives of id impulses, and the motivating power or the unconscious fantasy takes its energy from the id drives. As Hartmann (1956) points out, fantasy activity is real, though not realistic.⁵

Melanie Klein has emphasized the importance of symbolization and fantasy as the substratum of psychic activity. She says, for instance, that 'symbolism is the foundation of all sublimation and of every talent, since it is by way of symbolic equation that things, activities, and interests become the subject of libidinal phantasies' (14). I think we would all agree with the general statement she makes here, which follows from Freud's description of the ubiquity of symbolism in human psychic activity in his early writings (5, p. 351), and most succinctly in his *Introductory Lectures* (8, p. 148). But there is no evidence to support Mrs Klein's assumption that unconscious fantasy activity begins in early infancy as she states. Susan Isaacs (12), in her exhaustive paper on 'phantasy', follows Mrs Klein's theories and applies the term 'phantasy' to all unconscious mental content in contrast to the term 'fantasy', with which she refers to the conscious fantasies of the nature of daydreams. She uses the word 'phantasy' in many instances where I would prefer the term 'mental representation'.

What is most difficult to accept is the theory that the 'phantasy is *inherent* [my italics] in the sensation and the impulse,' or that 'phantasies do not take *origin* [author's italics] in articulated knowledge of the external world; their source is internal, in the instinctual impulses'. To speak of 'phantasy' as 'inherent in the sensation' assumes an imaginative process without relation to perception. This Kleinian theory contradicts all experimental studies on perception and imagery.

Fantasy formation is indeed a ubiquitous and

constant activity of the human mind. Object relationships are influenced by identificatory processes, which in turn are based on fantasies of incorporation and projection of object representations. Psychic growth by identification leads to structuralization of ego and superego and requires the capacity for symbolization and fantasy formation. With further development, as the ego becomes capable of reality-testing and separation of self and non-self, the identificatory relationships are replaced by true object relationships. These, too, are based on mental representations.

We note in patients that the symbol or the fantasy may be more powerful in its effect on their behaviour than is reality. I have in mind a homosexual patient whose daily contacts with the penis of his partner aroused no anxiety, but who went into a panic in a dream in which the penis was symbolized by a spidery monster. Of course, this example illustrates that behind the overt homosexuality there was a profound fear of the phallic female, castration anxiety, and a conflict around oral aggression. From one aspect, the penis of the partner was to this patient not the true object of his instinctual drives; it was itself a symbol of deeper, pre-phallic wishes and conflicts, and a defence against them.

Another patient with a profound conflict around conscious homosexual wishes is able to talk about his interest in the phallus and his fantasies of eating a man's penis, without anxiety and in an isolated, unreal way, but becomes very anxious when his wish assumes symbolic form in an impulse to bite his brother's nose. We are all familiar as an everyday experience with the relief when a fantasied danger is realized in an actual experience.

The capacity to distinguish fantasy and reality is the culmination of the progression from the pleasure-principle to the reality-principle. It is a process that is never fully completed because there remain certain areas in which reality can never be established. From the clinical viewpoint, the patient with the fixation on a fantasy offers a most difficult therapeutic problem, and when a fantasy is reinforced by reality it is almost indestructible. It may be said that the essence of psycho-analytic therapy is to have the patient give up his fantasy and to recognize and accept reality. It is necessary in the analytic process to bring out the fantasy and to keep it alive long

⁵ I am aware that I use the concept of 'id' in a sense different from that defined by Freud, but I believe in a sense implicit in his later writings and implicit in the

recent elaborations of the structural theory. This subject deserves more attention than I can give to it here.

enough to understand the wish behind it. But eventually the patient must renounce his fantasy and realize his wish according to the demands of reality, if at all. The sadness of the patient who must give up his fantasy is a striking clinical phenomenon and one that is responsible for much of the patient's aggression and hostility to the analyst.

We are forced in our clinical work as well as in our commonsense functioning to assume the existence of a stable and concrete external reality, even though our neuro-physiological, psychological, and philosophical considerations give us no secure platform on which to set our supports. It remains a fact that despite all our theoretical misgivings, human beings do have a communal awareness of a real external world. This is the problem of objectivation.

Freud was concerned with this question, and in his paper on 'Negation' (9), to which I have already referred, implies the role of imagination in reality testing. He says, 'It is . . . no longer a question of whether something perceived (a thing) shall be taken into the ego or not, but of whether something which is present in the ego as an image can also be rediscovered in perception (that is, in reality).'

To be aware of reality it becomes necessary to have two points of reference—one is the perception of the external world, the other is the internal image, the mental representation.

Two other factors related to the awareness of reality are to be found in the ego function of object relationship—the human capacities of communication and identification. Because the imagination of man has developed a complex device for communication, language, and speech, it is possible for men to compare their individual interpretations of the external world and to establish a common image of this world. But even this common image varies according to the circumstances that bring the human beings together. There is scientific truth, commonsense truth, and social or conventional truth. These may have little in common (11). Reality is, as I have already said, relative and indeterminate.

There is more than conscious communication in the establishment of this communal reality. There is also the role of identification, an unconscious process, that gives to two or more persons a shared awareness of an external reality. This may, for instance, appear as the reality of a love relationship, a shared aesthetic experience, or a shared religious experience. It is this process that

permits the analyst, by his empathy with his patient, to recognize the reality of the psychic processes in the latter.

The role of identification in the communal reality experience raised the question of the role of introjective and projective mechanisms in the transformation of perceptions into mental representation. To explain the transformation of sensations and perceptions into mental representations by the mechanisms of introjection and projection creates the danger of accepting analogues as explanations.

The formulation which I would support is that perception begins at the level of neuro-physiological response to sense data and subsequently passes through the hierarchy of perceptual levels which I described at the beginning of this paper. It is basically an autonomous ego function, subject, however, to involvement in areas of conflict. When we describe the 'taking-in' of stimuli by skin, eyes, ears, or other organs, we are using a convention of speech which has an instinctual analogue that we call incorporation. We must not make the logical error of assuming that the analogue describes an actual process.

Incorporation, in turn, may be expressed in a *fantasy* of introjection. The introject, which is the product of the fantasy, is a mental representation. The mental representation has been formed not by the introjection of a perception but by a complex interaction of ego functions, including memory, symbolization, imagery, and, in certain instances, thought and conceptualization. Similarly, projective mechanisms may by analogy be used to describe the formation of mental representations, but it cannot be said that they *form* the mental representations. The role of projective mechanisms in the distortion of reality is, of course, a commonplace psychoanalytic observation.

These considerations open difficult problems which would take me beyond the purpose of this presentation. I would only indicate at this time the circular problem involved: identification enters into the function of imagination, and at the same time imagination plays an important role in the development of identifications.

The various functions of the ego that are concerned with adaptation to reality go through definite developmental phases, which have been described both in psychological and in psychoanalytic writings. I need not repeat what is already so well known, but I wish to indicate the role of the imaginative process in this develop-

ment. Only with the development of the imaginative process, the capacity to create a mental representation of the absent object, does the child progress from the syncretic sensori-motor-affective immediate response to the delayed abstract, conceptualized response that is characteristically human.

Marion Milner (17) has emphasized the importance of the illusion in this transition, and Winnicott (22) has described the role of the transitional object in infants. The latter is related to the substitute object which may be observed in primates and even in lower animals. The imprinting phenomenon in goslings described by Lorenz (16, p. 102 ff.), is an example of a substituted object, but this is clearly not an example of symbolic activity. However, as the human ego develops its imaginative faculties, the transitional object of the infant is replaced by a symbolic mental representation whereas the substitute object of the lower animals remains at that level.

Winnicott and Milner are describing different aspects of the imaginative process. The tran-

sitional object of the former is a forerunner of imagination, a pre-symbolic manifestation. The illusion described by Milner is already a product of imagination, a much later manifestation, and illustrates the role of imagination in adaptation to reality.

I have maintained throughout this paper that imagination is not opposed to reality. This point has been especially emphasized by the philosopher, Ernst Cassirer, who says in his discussion of art, myth, language, and science as special symbolic forms, that they 'are organs of reality, since it is solely by their agency that anything real becomes an object for intellectual apprehension, and as such is made visible to us' (3, p. 8).

Without imagination, reality is only sensed and experienced; with imagination, reality becomes an object of awareness. With his imagination man participates in reality, alters it, and even to some extent controls it. The imagination of man has been applied to external reality in the physical sciences; its application to internal reality by psycho-analysis is a work still in progress.

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PSYCHO-ANALYSIS AND CONSCIOUSNESS¹

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After Freud's discovery of the unconscious motivations of conscious behaviour, psychoanalysts were mostly concerned with the unconscious, and only in the last decade has more been written about the state of consciousness. I believe that this renewed interest in consciousness was partly caused by the increased clinical and therapeutic concern of psychoanalysts about schizophrenics, and—in my own case at least—was stimulated by the strange forms of consciousness appearing in paranoid patients.

In reviewing problems of consciousness I shall, of course, first quote Freud, who in 1900, in *The Interpretation of Dreams* (3), considered 'consciousness to be a sense organ for the perception of psychical qualities', and 'conscious perception as the function proper' to this organ. After the introduction of the structural concept in *The Ego and the Id* (6), Freud considered consciousness a function of the ego. He said: 'This ego includes consciousness, and it controls the approaches to motility. It is this institution in the mind which regulates all its own constituent processes.'

I am inclined to see consciousness not only as a psychological function, but, in the sense of Hartmann (10, 11), as a primary autonomous function of the ego.

Consciousness and Instincts

(i) *First Appearance*

The time of the first appearance of consciousness is a problem best covered by neurologists and developmental psychologists, but I may mention some observations, as timing has importance for the hypothesis of birth trauma. Without the existence of a functioning perceptive apparatus, or a perceiving ego, the assumption of birth trauma would be difficult to formulate. The assumption that a potential consciousness, if not conscious perception, is possible prenatally

from the seventh month on is supported by at least three observations:

(a) A conditioned reflex was set by Spelt (18) after the seventh month by conditioning embryos in utero to vibrotactile stimulation on the basis of their unconditioned response to sound.

(b) De Snoo (17) observed that in cases of hydramnios, the surplus of amniotic fluid disappeared after injecting saccharine. He concluded that the embryo differentiates between sweet and not sweet in these cases, and prefers to swallow sweet amniotic fluid.

(c) Gesell (9) observed that prematurely born children develop the ability to differentiate and recognize before reaching the normal birth age of nine months. In his words, 'true wakefulness of the mid-stage foetal infant of 32–36 weeks can be observed, and at the foetal age of 40 weeks, the visual and attentional behaviour of the foetal infant is a little more advanced than that of the maturely born infant.' This observation would support the hypothesis of a potentiality of the same abilities to exist in utero after the seventh month. Doubt could be cast upon the assumption of consciousness in utero on the basis of these observations if we accept the possibility of unconscious differentiation and unconscious conditioning.

A factor previously used to date origins of consciousness has been myelination, which has usually been considered a condition of neurological functioning; but the publications of Langworth (12) indicate that myelination may be a consequence of functioning, and may be stimulated by the birth experience.

(ii) *Energy and Motivation*

Freud assumed that the rising tension of the undischarged instinct of hunger causes the first mental activity of hallucination of the breast, and analysts followed this line of thought by theorizing that:

¹ Read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July, 1959.

- (a) the motivation of thinking and consciousness is, in the last analysis, always a basic need, like hunger or genital desire, and
- (b) the energy of thinking, like that of all other functions, is instinctual energy.

These theories have been elaborated many times in the literature on sublimation.

Changes in theory were proposed by Hartmann (10), who assumed that a reservoir of neutralized instinctual energy is available to the ego, and by Rapaport (14), who stated that in his secondary model of cognition, consciousness does not depend upon drive cathexis alone, and may not depend on it at all, but upon the allotment of attention cathexis. He assumes that only in his primary model of cognition does consciousness depend on drive cathexis.

I am inclined to go a step further and to offer the hypothesis that an inherited apparatus—for example, the nervous system—not only evolved to express basic instincts, but also has an inborn need to function. We could then speak of a need to be conscious, to perceive, or to think, like Freud's *Schautrieb*, and are not forced to assume that the ego functions use only desexualized energy, but that they have, in Hartmann's terminology, a primary ego energy of their own. The hypothesis concerning a need to be conscious could be supported:

(i) By certain facts:

- (a) that babies of a few months enjoy perception independently of hunger;
- (b) that adults awake after a certain amount of sleep, independently of hunger or other basic needs;

(ii) By the theory of Lewin's dream-screen, that the blank dream or dream-screen is always present during sleep, as a memory of the breast, but independent of hunger.

(iii) By the results of isolation experiments, in which persons cut off from perception developed delusions and hallucinations, which appeared to be independent of hunger and other instinctual drives.

There is no doubt that the functions of the ego are dominated by the basic instinctual needs, such as hunger and sex, but I should like to paraphrase Freud by saying that the *content* of all thinking and consciousness is a detour from the direct path of gratification of basic needs, although consciousness itself may be a satisfaction of a specific need of its own, though often stimulated by basic needs.

(iii) *Content of Consciousness*

(a) *Perception.* The content of consciousness is not only defined by symbolic gratification; it seems that only that which is first peripherally perceived can become conscious. Freud expressed this conviction throughout his work. He referred the whole of consciousness to perception, perceptions received from without called sense perceptions, and from within called sensations and feelings. Later developed neurological and physiological theories do not, as far as I know, contradict Freud's assumption that emotions are also perceived by the ego, and that this perception may be disturbed, like external perceptions, by psychic mechanisms.

Objections have been raised concerning consciousness of newly created concepts, and have been explained in the following way. Newly-created ideas are based also on former perceptions, and the creative act consists of integrating the former perceptions into a new context. For example, Kekule, a chemist, fell asleep while working on his text-book and dreamed of snakes whirling around, and that one of them was biting its own tail. He awoke immediately and conceptualized the benzene ring, using the former perception of the self-biting snake to formulate a chemical structure, integrating the older perception into a new context.

(b) *Selection of Preconscious Percepts.* We have assumed that everything conscious was once perceived, but research about subliminal perception seems to indicate that not everything perceived becomes conscious. Fisher (2) reported dreams following tachistoscopic presentations. His hypothesis is that the three events leading to conscious perception are:

- (i) the preconscious registration of the percept (i.e., the creation of the memory trace)
- (ii) the preconscious contact of the percept with a similar pre-existing memory trace system; and its incorporation
- (iii) the emergence into consciousness.

When the perceptual process is slowed down by the utilization of the tachistoscope, (i) and (ii) take place unconsciously in the presence of a stimulus object; (iii) takes place eventually in the absence of the stimulus object and represents, therefore, the later emergence of a memory trace rather than of an immediate conscious percept.

In the case of Fisher's tachistoscopic experiments, the duration of exposure to the stimulus

was decisive for immediate consciousness of the percept.

The economic factor regulating consciousness of preconscious stimuli is the one least dealt with in psycho-analytic literature. Many percepts are registered in daily life, but most of them never become conscious or are forgotten immediately, and it seems that repression is probably not involved in this selection. Best evidence may be the facts of subliminal perception, when an enormous number of memory traces are registered, but only a small number which are significant becomes conscious at all. The borderline between repression and this phenomenon is not defined, and Rapaport discusses the problem as a result of allotment of attention cathexis.

A third factor, decisive for the consciousness of preconscious percepts, is the acceptability of the stimulus for the present state of the ego.

(c) *Innate Release Mechanism.* Innate release mechanisms described by ethologists present, in connexion with consciousness, an interesting problem to us. Animals harbour hereditary motor and sensory patterns which cause specific reactive behaviour to specific key stimuli which were not experienced in the ontogenesis of the animal.

To give only one of the many examples described: the female cichlid fish, reared in isolation, follows a moving red dummy made of rubber as she follows the red-bellied male fish to the copulation act, although she has never seen a male fish. We have neither any idea of the way in which these motor patterns of reaction, or sensory patterns of key stimuli, are stored, nor whether they are conscious before activation, but we could assume that they become conscious only after having been performed, and the performance peripherally perceived.

In mammals, innate release mechanisms were observed in monkeys as an inherited fear of snakes, and in cats whose hereditary pattern of prey is mice. If sucking is such a hereditary pattern, then sucking becomes conscious only after being exercised and being perceived. The smile response of a baby, as described by Spitz, may be another example.

Consciousness and Object Relations

The three basic observations on which Freud built his first theories demonstrate clearly the influence of present objects on states of consciousness.

Breuer could enlarge the consciousness of his patients by means of hypnosis, gain information

about the origin of symptoms, and remove them by this procedure. Charcot could limit the consciousness of motivation by giving post-hypnotic suggestion, and create symptoms in this way. Bernheim could enlarge consciousness and create knowledge of motivation without hypnosis by means of suggestion. We all know that interpersonal relationships, in the form of transference, can enlarge consciousness of the past during the analytic session, or limit consciousness in the hypnotic setting. Brenman (1) made similar observations concerning states of consciousness while describing patients going deeper into hypnosis, or coming out of hypnosis, and concluded that the depth of the hypnotic relationship depended upon internal conflicts related to the therapist and the ability to tolerate anxiety.

Experience shows that the ability of the analyst to enlarge consciousness depends upon a minimum of resistance or an absence of overwhelming anxiety caused by related childhood experiences, or—to put it in other words—on the removal of the prohibitive influences of the first objects of childhood.

Psycho-analysis has, therefore, come to the conclusion that not only present objects, but the memory and memory traces of the first objects, of the introjected parents, influence present states of consciousness, and that the structuralization of the ego depends upon past and present object relations.

The first objects influence consciousness in a threefold way:

(i) They induce the child to accept and identify with their behaviour patterns towards instinctual drives, mould the ego attitudes of the child in this way, and this includes what should remain conscious, and what should be repressed, forgotten, and never remembered again.

(ii) These objects become introjected, and remain separate memory entities in the individual's mind, guiding future behaviour and consciousness.

(iii) The objects influence ego development itself, especially the progress to reflective awareness, which will be described later.

Consciousness and Ego

(i) Control and Consciousness

Rapaport showed, in reporting a fugue, that varieties of awareness depend upon strength of impulses and their control by the ego, and that maximum awareness correlates with optimal control of impulses, while both excessive lack of

and excessive extent of controls correlate with limitations of awareness.

Other examples are presented by the compulsive neurotic whose exaggerated tendencies towards control limit consciousness, particularly of the personal past and his hostility; or by the hallucinations of food experienced by the normal starving man whose consciousness of reality is overwhelmed by instinctual desires.

Rapaport also demonstrated, by the example of dreams, what Brenman had described about hypnosis, namely, that mounting tension causing anxiety can have a dual effect: it can work as a signal of the danger of losing control and lead to more consciousness, causing awakening; or it can lead to less consciousness by the disappearance of the dream and the continuation of dreamless sleep. Awakening due to nightmares is known to all of us, and supports this theory.

Optimal impulse control depends upon the strength of the instinctual demand, upon the quantity of prohibition by internalized objects, and, third but not least, on the strength of the ego to handle anxiety caused by the demands of the instincts and the prohibitions of the objects. This so-called 'strength' is based on layers of experience in handling needs successfully. The success is caused by identification with guiding objects in satisfying object relations. To give only one negative example, the inability of many schizophrenics to provide successfully for themselves, and to have the experience of ego strength, is based on the prohibitions and inabilities experienced with their first objects, and by their identification with these prohibitions and inabilities.

(ii) *Limitation of Reflective Awareness*

So far, we have only mentioned quantitative limitations of consciousness. I will now discuss qualitative changes visible in limitations of reflective awareness. I will use awareness as a synonym for consciousness, and define reflective awareness as the ability to observe one's own consciousness, particularly to reflect about the different forms of consciousness—for example, a door can be conscious as a percept, a memory, a hallucination, a dream, etc.

First, I must briefly outline relevant hypotheses: the baby is unable to differentiate between hallucination and perception, or between hallucination and memory, and probably has a minimum of reflective awareness. It first becomes aware of its own body as a percept, and this body ego is, according to Freud, the basis of our whole

ego development. Only later does the child get a concept of himself as a perceiving and conscious subject, a concept of the *I* or mental self, and a concept of his different forms of consciousness, like perceiving, hallucination, etc. If the baby looks at its own hands, it is probably not at first aware of its looking activity, and its identity as the onlooker, but only of the emerging and disappearing hand. No reflective awareness is present, only consciousness of content. Later on, it becomes conscious of its own observing activity. This establishment of identity is heard in the difficulties children have in talking about themselves—to say 'I see' and not 'Susan sees'. Whereas 'Susan' represents the whole body, the 'I' represents the concept of a perceiving subject in the body. The establishment of identity and reflective awareness is achieved at the same time as the establishment of the object (according to Piaget within the first two years of life) and is based on a stream of introjections of and identifications with and projections to the first object, usually the mother.

Rapaport writes: 'It is a commonplace that waking consciousness is characterized both by being aware of content and by the possibility of becoming aware of the fact of this awareness,' and he states that quantitative differences of this reflective awareness appear as qualitatively different states of consciousness, such as perception, memory, hallucination, dream, etc., and that in the common dream this reflective awareness is normally more or less missing. In a nightmare, reflective awareness appears sometimes, and we calm ourselves by thinking in the dream 'we are only dreaming'. But the dream is supposed to be similar in formation to the assumed primitive thinking of the baby in the form of hallucinations, and is a normal regression to an early form of ego function.

It seems that a severe disturbance of the mother-child relationship in the first two years delays the differentiation between self and the outer world, and the progress towards reflective awareness becomes more or less hampered, if not basically disturbed, and in addition, the possibility of later regression to a state of minimal reflective awareness is increased.

René Spitz's observations of the withdrawal of frustrated children's interest from the external world and perception support such theories, but everybody probably loses the ability to be reflectively aware in extreme states of instinctual tension, such as starvation, or extreme states of instinctual discharge, such as orgasm. Patho-

logical examples are clearly observable in schizophrenics, where the partial regression to basic consciousness of content, with partial loss of reflective consciousness, occurs when hostile impulses against the mother and mother substitutes gain the upper hand.

The schizophrenic regresses not only to primitive instinctual behaviour like stool smearing, but also to primitive ego functioning and thinking, with a minimum of reflective awareness eventually. He may live with the wish for and the fantasy of lost or minimal reflective awareness, and after an acute psychotic episode has passed, and hostile impulses have decreased and non-psychotic relations with the physician have been re-created, he may report smilingly that he has observed his 'blow-up from a corner of his mind, and was aware all the time how crazily he was behaving.' This means that reflective awareness was still present to a certain degree, and his stated convictions of his delusions were partially a defensive pretence. There is no doubt that in more severe states he regresses completely to the first stages of mental life and is no longer able to observe his outbursts.

From these observations, I am inclined to conclude that the experience of frustration hopelessness and the pain due to his own hate causes the schizophrenic to try to discard the memories of the mother and the progress in ego development connected originally with the mother relationship.

We could also formulate this in another way—the ability to observe oneself and to form a concept of oneself as a perceiving subject is based on a successful introjection and successful preservation of the good mother. If this mother becomes hated and feared, the schizophrenic tries to eliminate the introject from his body and to project the hated introject on to some object who becomes the persecutor. With the elimination of the mother, he loses the ability to observe himself and to reflect upon himself to a variable degree.

In other words, reflective awareness is originally caused by the impact of outer reality. Reality forces the child to differentiate between hallucinations, fantasy, and the real gratifications of the external world. But external reality and the source of gratification are represented in the form of the first object—the mother—and as soon as no gratification is to be obtained from this object by the child—or the prepsychotic—there may be withdrawal from external objects, external reality, and reflective awareness, since a return to hallu-

cinations gives temporarily more gratification. Parallel to this regression from secondary to primary process thinking, and the loss of ego boundaries, projection works pervasively and is no longer corrected by experiencing anaclitic object relations to any important degree.

The decisive developmental steps from primitive to reflective consciousness are passed through during the first two years of life; the period of oral dominance and the oral conflicts in schizophrenics are well known.

The hypotheses about the dependency of reflective awareness upon good object relations could be checked, first, by examining a series of hospital admissions of acute psychotic breakdowns; second, by the recording of successful therapeutic interviews, when the switch from the disturbed consciousness of the psychotic to normal reflective awareness should occur when a positive relationship to the therapist permits the reintroduction of the good object, and also the establishment of a positive object relationship to other persons. The hope of lasting good and satisfying relations then enables the patient to control his hostile impulses, and his primary processes of hallucination. Third, by provoking regression and loss of reflective awareness in improved schizophrenics by test situations of frustration, and, fourth, by the observation of the development of normal and disturbed children in connexion with their mother relationship. The difficulty of observing development of reflective awareness in small children is created by the fact that reflective awareness is mostly expressed in verbal description, but is established in children before they develop the ability of speech.

Conclusion

Consciousness depends upon the physiological conditions of maturation and perhaps upon myelinization of the nervous system, including, maybe, a drive for consciousness. The content of consciousness is made available only through perceptions, and represents patterns of gratification of instinctual drives, and the complications connected with gratification.

Essential conditions for consciousness of a percept are:

- (a) A certain length of exposure to perceptions, or strength of stimulus.
- (b) An agreeable significance of that which is perceived for the present state of the ego.

Consciousness can be enlarged or decreased by the influence of external persons on the balance

between instinctual impulses and internal objects, a balance which is more or less controlled by the ego.

Anxiety caused by strong or contradictory impulses in the ego can create different effects—first, as a signal in the case of an efficient ego organization, progress towards greater awareness, greater interest in perception and greater consciousness of reality, such as—for example—the ‘coming out’ of hypnosis or awakening from a nightmare.

Second, in the case of an inefficient or weak ego organization, regression to decreased consciousness, in particular, decreased reflected awareness, as, for example, in states of depen-

dence or hypnosis, sleep, or psychotic phenomena. Nightmares may end in psychosis and not in awakening.

The first object relations influence the strength of the ego, and the qualitative development of the ego. They influence, or even condition, the appearance of reflective awareness which represents one difference between baby and adult, or normal and psychotic.

Changes of the breadth and content of consciousness and changes of the levels of reflective consciousness seem, therefore, to be determined by the interpersonal relationships of the past and present time. In this sense, we can say consciousness is a social construct.

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DREAM AND PSYCHOSIS: THEIR RELATIONSHIP TO HALLUCINATORY PROCESSES¹

By

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A superficial comparison between the dream and the psychosis shows that these two processes have much in common. The events in the dream are hallucinated; primitive ego-mechanisms as well as the primary process prevail. Frequently, too, the dream-content is the same as the content of psychotic symptoms. The impression of similarity between the dream and the psychosis is increased by the fact that sometimes a psychosis begins with a dream, and not infrequently the psychotic patient makes no distinction between a dream and his psychotic symptom.

As we know, Freud tried to unravel psychotic symptoms by comparing them with examples from normal life which were well understood. For instance, the state of being in love, with its marked overestimation of the love object, threw light upon the overestimation of the ego in megalomania. He also compared the dream, the affect of mourning, and the affect of jealousy, with psychotic phenomena. The dream became a normal example of short duration of the pathological psychosis.

My question is whether such concepts can be maintained in view of the present metapsycho-

logical development. It is my opinion that the underlying conflicts of the so-called normal examples are not the same as the conflicts which give rise to psychotic symptoms. Notwithstanding a strong outward resemblance, the normal example has a completely different structure from that of the psychotic symptom. Thus a careful study of the normal example has to be made before a decision can be reached as to which feature, if any, of the normal example can be used for a comparison.

Let us turn first to the dream.

The ego, in order to sleep, tries to withdraw the cathexis from all provinces of the mind (2). The tendency towards sleep leads to a return to the primitive situation which we call today the 'undifferentiated state' (Hartmann *et al.*). (Freud spoke of the 'as yet undifferentiated ego-id') (5). This normal process is completely reversible: on waking up, the former state is restored.³

Difficulties arise when certain desires try either to maintain or to regain their cathexis and thus act as a stimulus to the ego either to stay awake or to end the sleep. Yet the ego, by forming a

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³ We are not informed *psychologically* about the state of dreamless sleep. Freud stressed that our information about sleep comes from the study of the dream. Dr Hartmann, in discussing this paper, asked: 'Where does the energy go when it is completely withdrawn?' To answer by saying that the withdrawn energy is kept suspended only hides our lack of knowledge.

In the hope of throwing further light upon this and related problems, we may follow with the question: how is this withdrawal accomplished? Indeed, the ego's nightly return to the undifferentiated state poses a problem that should be attacked from different angles, organically as well as psychologically. We may assume that the pleasure-pain principle, our guardian of life, directs the ego also in this nightly regression. The result is that, during sleep, the energetic charge of the psychic systems is kept on as low a level as possible. Perhaps certain successful sleeping-cures can offer a hint as to the normal function of sleep. The patient, by being kept

asleep artificially, does not receive those stimuli from the outside world that have exerted such an unfavourable influence upon his inner conflicts. I have been especially impressed with the success which Dr Edward Harper has obtained in certain cases of ulcerative colitis by keeping the patients asleep. Thus we gain the impression that a rest of long duration enables the ego to recover its relative strength. It is possible that normal sleep affords the protection which the ego needs to maintain mastery over the various conflicts which are stirred up during waking life.

We may ask how the pleasure-pain principle succeeds in behaving so differently in waking life and in the state of sleep. If the hypothesis of the Nirvana principle has any value at all, it should prove its usefulness in its application to the sleeping state. We detect the influence of the Nirvana principle in the phenomenon that, during sleep, the energetic charge of the psychic systems is reduced to a minimum. Of course, the Nirvana principle is kept in check, for if this principle were to rule uncontrolled it would mean the end of life. Therefore the pleasure-pain principle uses the Nirvana principle in order to bring about the aforementioned result during sleep.

dream, has the possibility of escaping waking up. The ego tries to eliminate the disturbance by fulfilling, through hallucinations, the aim of the instinctual desires aroused. In so doing, the ego makes a compromise by giving in, although as little as possible, to these disturbing desires. Thus, in the dream, the ego, by functioning on a regressed hallucinatory level, tries to keep its own cathexis to a minimum. Yet frequently the situation in the dream becomes so conflicting that the ego has to resort to the signal of anxiety.

We shall want to study further the state of ego regression in the dream. The ego, by keeping the cathexis of its functions on as low a level as possible, is governed by the necessity of economizing.

In order to understand this ego regression better, we should consider certain aspects of early ego development, namely, the preverbal phase. Before speech is developed, conscious thinking can make use only of memories of observations of the outside world. Visual impressions from the outside world will be predominant. The meaning of the auditory ones will be much less important as long as the child's understanding of words is still so little advanced. The child expresses his feelings within the range of the pleasure-unpleasure scale.

Imagine, for a moment, that the child were able to communicate to us his thinking on that level. Not only would this type of communication be hampered by the lack of speech. A further difficulty would certainly also arise from the fact that this method of communication would be highly dependent upon the individual experiences of the child.

We need not stress the importance of the development of speech. Thinking is now able to go beyond its early limitations, and abstractions may next find expression through words. The well-developed language does not have the difficulty of being dependent upon individual experiences. Through language, people are able to convey complicated thought-processes to one another. Whereas in preverbal (conscious) thinking, visual images prevail, the more advanced type of thinking (verbal) is dominated by the use of words.

In the dream, the ego has to cope with thoughts which derive their power from unconscious drives. The ego must operate on a basis which requires the least possible amount of energy. It has to rely upon the primary process, for use of the secondary process would be synonymous

with waking up. We see appearing in the foreground the use of images which were the contents of recent observations—the day-residue. Therefore, the ego has resumed a type of expression which was inherent in the preverbal state. Visual pictures prevail, and the spoken word, as Freud has stressed, is connected with words heard the previous day.

In contradistinction to the regressed level of the ego's expression, the various dream-thoughts are not on the level of the mind of the preverbal child. We know how complicated these thoughts are which have led up to the manifest dream. We must not lose from sight the fact that the ego deals with these complicated thoughts in this particular way in order to maintain the state of sleep. The urges which arise from the id, and which try to force the ego to open the gates to waking life, are brought to a halt by the ego. The ego achieves this through a wish-fulfilment. This fulfilment must take place in the present, in order to avoid waking up. The ego must exclude the outside world and therefore has to fulfil its wishes by means of hallucinations. The contents of these hallucinations are mostly derivatives of the day-residues.

In order to find a basis for the comparison of the dream with the psychosis, we may say that in the dream the unconscious instinctual demands form a drive back towards contact with reality, but that the ego tries to ward off this tendency by staying away from contact with reality. Thus, during sleep, the ego tries to keep the inner world separated from the outside world.

Turning our attention now to the psychosis, we may ask whether the structure of this pathological process follows the same pattern as in the dream. We want to know whether the ego's activity in the psychosis is comparable to its activity in the dream. We are especially curious to find out whether the ego's activity in the psychosis aims also at wish-fulfilment in a way similar to that which occurs in the dream.

Our experience has shown that the psychotic process consists of two consecutive phases. The first comprises the breaking down of the ego, which breakdown then leads to a withdrawal from reality. The second contains the results of an attempt at restitution, these results being psychotic symptoms such as delusions, hallucinations, catatonic symptoms, etc.

In the prepsychotic phase, the ego tries to ward off the instinctual drive which would cause a conflict with reality. This does not mean that this dangerous urge is then still always uncon-

scious. Sometimes the ego, through its own defectiveness and not through higher insight, is already during the prepsychotic period uncannily conscious of the troublesome drive. We may remark that during the prepsychotic development either the ego tries to keep the instinctual drive repressed, or, if repression is no longer possible, the ego, using a wide range of various defences, then tries to prevent this drive from attaining its goal.

When the prepsychotic phase is further advanced, the ego is threatened with becoming divided by its conflicting interests. The ego still tries to maintain contact with reality. In that situation the ego may find support in warded-off instinctual drives which are striving to become satisfied in reality. On the one hand, these drives endanger the ego; on the other, they have in common with the ego the fact that they aim at contact with reality. Simultaneously, parts of the weakened ego are tempted to surrender to the direct sexual aims of the warded-off drives. Finally, the instinctual demands cannot be warded off successfully by the ego any longer. In order to eradicate the conflict, the ego withdraws from reality in the same way as in sleep, and thus a regression to the undifferentiated state occurs, which regression marks the beginning of the psychosis proper. We may say that during the prepsychotic phase the ego tries to ward off the urges from the id. In general, a clear distinction between ego and id is maintained, and the ego tries to cling to reality-testing.

I want to stress that those parts of the personality of the psychotic patient which are not involved in this conflict maintain their cathexis. Accordingly, at times when the conflict is not active, a psychotic patient may behave quite normally.

Once the break with reality has occurred, we observe the beginning of a completely new development. The undifferentiated state of that part of the mind which is involved brings with it a return to that very early period when the first contacts with reality are established. Thus our attention is drawn to the beginning of normal development. Governed by the pleasure-pain principle, the earliest reactions of what will later become the ego are such that everything which is pleasurable is connected with the self, and what-

ever is painful becomes outer world. Thus primary introjections and primary projections constitute the first attempt to differentiate between inner and outer world. Further experiences stimulate this ego *in statu nascendi* to exchange these primitive reactions for more complicated ones. Secondary introjections and secondary projections may then appear. These secondary ones, in contradistinction to the primary ones, are no longer primitive mechanisms for the purpose of establishing the initial relations with reality, but are already clearly ego defence mechanisms.

To illustrate this difference, let me give an example. A neurotic patient, through a secondary projection, may accuse somebody else of being a homosexual.⁴ In doing so, this patient denies the existence of his own homosexual desires by attributing them to somebody else. Thus the neurotic patient does not lose his homosexual drive but keeps it warded off through secondary projection. We will do well to keep in mind that in the case of primary introjections and projections this division into an ego and repressed unconscious material does not yet exist. To repeat: there is merely a certain division between what is regarded as the self and what is regarded as belonging to the outer world.

Our next problem is: What distinguishes the psychotic state from the earliest level of child development? Conflicts force the ego, which then is still in a prepsychotic state, to sever its connexion with reality, and these same conflicts prevent the ego from returning to these reality relationships. In the psychosis proper, the situation changes. Through the regression to the undifferentiated state, the cathexis in the affected part of the personality is withdrawn from the ego functions, as well as from the warded-off instinctual drives belonging to the id. The ego, in its attempt at recovery, returns to the conflict that is causing the relinquishment of the ties with reality. The attempt at restitution works with the help of primary introjections and projections. This attempt no longer recathects the urge in its unconscious state but invests the energy in an outside object, which now becomes the persecutor. In the delusional system the persecutor becomes the originator of the urge which in the prepsychotic period still belonged to the uncon-

⁴ The character of homosexuality in perversions and in neuroses differs from that of the homosexual drives which play such an important role in the development of schizophrenia. In perversions, and likewise in the neuroses, homosexuality may have strong roots in the pre-oedipal development but nevertheless assumes its final form only

in relation to the Oedipus complex. The pathogenetic form of homosexuality in schizophrenia does not bear such a relation to the Oedipus complex. In that part of the personality which is involved in the psychotic process, the oedipal complex has already lost its cathexis in the very beginning of the prepsychotic development (7).

scious. The patient now feels himself homosexually persecuted.

The psychotic ego falls back upon the very early processes of primary introjections and primary projections in order to use them as tools to establish the new reality. That part of the ego which is involved in this new psychotic reality has no contact whatsoever with objective reality. Therefore the reasons why the psychotic ego uses these early processes are different from the reasons existing in early life. In that early state, these processes, primitive as they were, nevertheless marked the beginning of reality-testing. In early childhood a cathected outer world did not yet exist. Therefore there were no conflicts with this outer world, and the ego could not be held back from further development towards reality-testing. In the psychosis, the ego applies these primary projections and primary introjections not in order to return to objective reality but in order to stay away from it.

Both in early development and in the psychosis proper, the warded-off belongs to the outside world. However, in early development, there is *not yet* a clear distinction between ego and id; in the psychosis proper, this distinction is lost and cannot be recovered.

The latter fact is responsible for this important difference between the psychosis proper and the phase of early development. For the disappearance of the ego—again, in so far as it is involved in this conflict—means that the function of reality-testing is lost. Accordingly, *no correction based upon reality considerations can take place*. As a result, the delusion has reality value to the patient.⁵

We shall do well to distinguish between the

⁵ This feature of uncorrectibility is not confined to the psychosis. We find a great variety of uncorrectible ideas in people who certainly are not psychotic. To mention just a few. There are a group of people who try to prove the impossible; their aims go contrary to results well founded on mathematics or physics. To this group, for instance, belong those who, with great effort, try to square the circle. Although such persons lack a scientific conception of the subject, the main reason for their behaviour lies in their ego-structure. They deny the validity of the scientific results. They do this in order to maintain their beliefs, which result from one or another form of defence. Further, there are those individuals who cling to their superstitions and prejudices for reasons similar to those just mentioned.

Thus, in my view, the structure of these ideas is different from the structure of the delusion. Clinically, the two are different. The delusion is self-evident to the patient, whereas the non-psychotic person tries to prove that he is right. As already mentioned, this latter group try to exclude any contradictory evidence from their consideration. Thus we may conclude that in the delusion the factor of uncorrectibility results from the withdrawal of cathexis, whereas the uncorrectibility of the non-psychotic

loss of reality-testing and the loss of contact with reality. Under neurotic conditions, there is always a certain disturbance in the contact with reality, but there is no loss of reality-testing. For instance, a neurotic patient may withdraw from contact with other persons, yet his testing of reality will be intact.

When Freud wrote his article 'The Loss of Reality in Neurosis and Psychosis' (4), he did not distinguish between these two concepts. He thought that the loss of reality in the psychosis occurred first, and was then followed by psychotic symptom formation. In the neurosis, the ego, in order to continue its contact with reality—that is, in the interests of reality—had to ward off various conflicts. As a result of this struggle, the ego then secondarily, to a greater or lesser degree, had to give up certain relationships with reality. Thus, in contradistinction to the psychotic process, in the neurosis the loss of reality appeared to be the end-result. At that time there were compelling reasons why Freud came to this conclusion. In order not to stray too far from my present theme, I want only to point out one fact: Freud had not yet started to focus upon the metapsychology of the danger situation and therefore could avoid this crucial issue.

We have to focus more sharply also upon the difference between the prepsychotic phase and the psychosis proper. With the regression to the undifferentiated state, the prepsychotic phase comes to an end. Yet I have already mentioned that a part of the personality does not participate in this deep regression. In this part, the non-psychotic ego has obtained relief through the preceding transformation of dangerous instinctual energy into psychotic symptoms. The non-

ideas is mainly sustained by the ego-defence of denial.

These considerations stress the difference between withdrawal of cathexis, a process which is responsible for the loss of reality-testing, and denial. The latter is an ego defence, which mechanism, in my opinion, is never responsible for the outbreak of a psychosis, for it never leads to a withdrawal of cathexis.

If we observe a sequence of events where denial is followed by the loss of reality-testing, then, according to my explanation, denial has been applied in vain. For in certain stages of the prepsychotic development, the ego, through denial, tries to diminish the conflict that threatens to force the ego to relinquish its ties with reality. If a psychosis still sets in, then the ego, notwithstanding the use of denial, has been unable to ward off the psychosis. Thus my viewpoint is opposed to such viewpoints as that defended by Robert Waelder in his article 'The Structure of Paranoid Ideas' (9).

This subject also touches upon the problem of paranoia, where we find a certain rationalization of delusional beliefs. It would lead too far from the comparison of dream and psychosis for me to digress further, but I hope to make this point the subject of a separate study.

psychotic ego goes on warding off urges from the id. This non-psychotic ego, for instance, may still use secondary projection as a defence. Accordingly, the non-psychotic ego may still ward off awareness of its own homosexuality by accusing somebody else of homosexuality. This latter accusation is not of the order of the delusion. This fact leads to a very complicated situation. This non-psychotic accusation of somebody else may be present simultaneously with the delusional accusation. These two types of accusations then overlap.⁶

An increase in the relative strength of the non-psychotic ego will make it possible to diminish the amount of energy that will have to be transformed into psychotic symptoms. Conversely, a decrease in ego strength will lead to the opposite result. Thus the balance between the non-psychotic and the psychotic part of the ego can change from moment to moment. If the non-psychotic part is again able to cope fully with the conflict, the patient will have recovered from his psychosis. Thus we may conclude that in both phases of the psychosis, the ego either strives to defend its ties with reality or, by forming psychotic symptoms, strives, although in vain, to re-establish the lost relationship.

In view of the important role which the hallucination plays in the dream, we shall want to gather certain facts about the hallucination as a pathological symptom. Hallucinations occur not only in schizophrenia (and other psychoses) but also in hysteria. Should we conceive of the hallucination as a symptom, the structure of which is always the same—a symptom which various illnesses have in common? To do so would be an easy way out.

There are compelling clinical and theoretical reasons, however, for separating the hysterical from the psychotic hallucination. They are already different clinically. When the hysterical patient becomes the prey of an emotion, he may hallucinate. But as soon as the emotion has disappeared, the hysteric generally regains insight and regards his hallucination merely as a symptom. The schizophrenic behaves differently. Even if, as sometimes happens, he is no longer convinced of the truth of the content of his hallucination, he still does not acquire any insight into the pathological character of his observation.

Theory demands that our concept of the structure of the hysterical hallucination must fit into

the framework of hysteria. In the same way, the structural concept of the schizophrenic hallucination must correspond with our ideas about schizophrenic symptoms in general. I want to use a very simple example of a hysterical hallucination. A patient once told me that his grandmother, who had been living with the family, died one summer evening rather unexpectedly. The next evening he became very frightened because the maid came running down the stairs screaming with anxiety. She had heard clearly the grandmother's voice calling out to her, 'Jeanne, hurry up!', which command was repeated by the voice three times. Although I know of this incident only through my patient, I still think that at least a superficial explanation is possible. The grandmother had ruled the maid with an iron hand. Once the grandmother was dead and the girl could relax and enjoy the knowledge that the old woman was no longer about, the superego intervened. Under the influence of her feelings of guilt, the maid hallucinated the words which she had heard so frequently from the grandmother.

We may borrow another example, this time from *The Interpretation of Dreams*. A 12-year-old boy could not fall asleep because he was too upset by visions of 'green faces with red eyes'. His visions pictured another boy whom he had seen four years ago; this boy was the horrifying example of various offences, among them masturbation. The patient's mother had remarked that this naughty boy had a green face and red (i.e. red-rimmed) eyes. Such boys would become stupid, could not learn anything at school, and would soon die, his mother had added. When Freud's little patient felt guilty about his own masturbation, the faces appeared. Such hysterical hallucinations may already appear in infancy when the child's superego is not yet firmly established and he is afraid that a parent will discover his masturbation, which results from his oedipal wishes.

From such experiences we may assume that the hysterical hallucination has its roots in infancy. Still this fact does not explain why the ego does not react with an attack of castration anxiety, for instance, instead of with a hallucination. We may express the same problem by asking: What forces the ego to regress further towards the hallucinatory phase? This regression certainly proves that the ego is very weak in relation to the danger which confronts it, because

⁶ Freud for the first time pointed to the overlapping of different layers in 'Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality' (3).

at least for the duration of the hallucination the ego must abandon its normal reality-testing.

Our simple examples point to a danger arising from strong feelings of guilt. Next, we conclude that these guilt-feelings consume the ego to such an extent that it relinquishes its ties with reality and regresses. Through this regression, a situation is created in which the ego is able to react with a hallucination. The content of the hallucination is related to an anxiety-arousing memory. We may assume that the memory contains elements of the infantile situation.

Sometimes the content of the hysterical hallucination lacks this anxiety-arousing quality absolutely. In such cases, the ego wards off this feature successfully, and the content now appears to be quite harmless. On the other hand, there are hysterical hallucinations in which id material penetrates into the content. This brings up the problem of whether this type of hysterical hallucination leads to a discharge of id energy. To further the discussion of this problem, we will do best to differentiate between the function of the hallucination and its content. The ego uses the function of the hallucination as a defence. Therefore, even if the ego is unable to exclude the id from being represented in the content, the defensive character of the hysterical hallucination is nevertheless maintained. For whatever of the id energy is discharged through the content, the ego, by confining it within the boundaries of the hallucination, prevents this content from establishing direct contact with reality.

I know how superficial my remarks are. I have not had the opportunity of studying hysterical hallucinations for the last ten years. Superficial as my explanation may be, however, I think we may still draw a conclusion: the ego of the neurotic uses the hallucination as a defence comparable to the use of the signal of anxiety. As a result, forbidden wishes are brought to a halt. The hysterical hallucination is therefore applied by the ego in the service of reality.

Next, I want to consider a point of primary importance. I have emphasized strongly that the regression of the ego is essential to the formation of the hallucination. This regression presumably comprises only a part of the ego and is only temporary. Yet this regression is confined to the ego and consequently has no effect upon the cathexis of the warded-off urges of the id. A regression to the undifferentiated state, as in schizophrenia, does not take place.

The occurrence of the hysterical hallucination as an ego defence is in accordance with other hysterical defences. For instance, if certain motility or sensory functions are secondarily sexualized, the ego may relinquish these functions, and as a result conversion symptoms are formed. The ego in this way prevents the id from having any further effect.

For our understanding, it is well to emphasize that the relinquishing of a sensory function is not a hallucination with a negative content. There is simply no observation made. An example of a hysterical hallucination with a negative content is the Wolf Man's observation at a certain moment that he has only four fingers on one hand. In the content, something is missing which is there in reality.

In the hysterical hallucination, as well as in the conversion symptoms just mentioned, the ego starts out by being too weak. Yet in both cases the ego secondarily is still successful in exercising control over the id. This can happen, however, only at an enormous sacrifice. In the one type of symptom, the ego gives up its sexualized function. In the other type, it uses a hallucination instead of its function, which is too weak to ward off the id impulse. Therefore we may regard the hysterical hallucination as being of the same order as a conversion symptom. Similarly, the ego may withdraw its cathexis from a threatening danger and lose consciousness.

The schizophrenic hallucination is our next topic of discussion. I have already mentioned that our explanation of this type of hallucination should be in accordance with our explanation of other schizophrenic symptoms. The schizophrenic hallucination is of the order of the delusion and is therefore the result of a psychotic attempt at restitution. In order to be brief, I will repeat only the results of two of my previous publications on hallucinations. The ego anticipates the danger which would arise if an instinctual drive in the id were to become so strong that it would overwhelm the ego. The ego does not wait until this danger has fully developed, but promptly withdraws the energy from the instinctual drive and from that part of the ego which is willing to surrender to the drive. This means that that part of the personality which is involved in this process regresses to the undifferentiated state. The energy which has become available through this regression is used in the attempt at restitution to form the hallucination. Thus, especially *instinctual energy which could create a danger is discharged through the formation of a*

hallucination. The schizophrenic hallucination is a process of discharge' (6).

In this respect I will cite two previous conclusions (7).

The ego, in anticipation of a danger by which it would be overwhelmed, forms a hallucination. Through this formation of a psychotic symptom of brief duration, the ego attempts to discharge the energy of the dangerous urge and in this way to eliminate the danger. This newly acquired insight enables us to draw a paradoxical-sounding conclusion: in order to remain in contact with reality, the ego relinquishes this contact for a short time, during which the ego forms a psychotic symptom.

Second, we may also point to the difference between a hallucination and a delusion. In the hallucination, the ego anticipates the danger; whereas in the delusion the ego could not prevent the danger from occurring. The delusion is the result of the ego's attempt to repair the damage. Here, too, we may formulate our finding: the ego, through the formation of a hallucination, prevents the development of a delusion with the same content as the hallucination.

Thus, in my opinion, a conspicuous difference exists between the hysterical and the schizophrenic hallucination. The hysterical hallucination is formed out of the energy derived from a regression of a part of the ego. The ego uses this type of hallucination to maintain control over dangerous drives. Its function is an inhibiting one. The schizophrenic hallucination, however, is a discharge process. The discharged energy stems mainly from the id! To repeat: the ego accounts for the energy necessary for the formation of the hysterical hallucination, whereas the id pays for the schizophrenic hallucination.

We have gradually gathered enough material to make possible a comparison between the dream and the psychosis. When we studied the psychosis, we found an unexpected complication arising from the fact that the psychotic process consists of two consecutive phases. Once the psychosis is developed, these two phases become overlapping. Does the dream have a development comparable to the psychotic development?

For the dream to occur, it is necessary that certain wishes which derive their strength from unconscious sources resist relinquishing their cathexis upon falling asleep. The same situation arises during sleep when such wishes, after first having lost their cathexis, regain it. The ego then has to cope with these wishes through dream-

formation. The ego in the prepsychotic phase and the ego in the dream each have to ward off id instincts. The dream, in fact, should therefore be comparable only to the prepsychotic phase, during which the withdrawal from reality takes place. This conclusion would remove the dream completely from the sphere of the psychosis proper. The difference between the dream and the prepsychotic phase would then be mainly that the ego in the dream wants to stay away from reality as much as possible, whereas the prepsychotic ego puts up desperate efforts to maintain its contact with reality.

Our problem, however, is not so easy to solve. Although dream and prepsychotic state seem to concur in structure, nevertheless the ego of the dreamer behaves quite unrealistically and acquires through this behaviour great similarity with the psychotic ego. We discover that they have a factor in common. The dream-ego does not want to return to objective reality; in contradistinction to the dream-ego's aim, the ego of the psychotic would like to return to reality but is unable to do so. The psychotic lives in a subjective, completely unrealistic world. Thus the dream-ego does not want to return, and the psychotic ego cannot return, to normal reality. Correspondence in this point gives these two egos an appearance of similarity, which is likely to lead us astray. For, in my opinion, the ego in the dream is basically completely different from the ego in the psychosis.

To begin with, the cause of the dream is different from the cause of the psychosis. In the dream, the ego has to keep its level of cathexis as low as possible; it is governed by the principle of economy in order to protect the sleep. The withdrawal of cathexis can easily be reversed: the ego has only to wake up in order for this reversal to take place. The psychosis occurs in waking life. The regression does not result from the pressure of the principle of economy. Danger arising from conflicts forces the ego to regress.

The ego of the dreamer is directed by the healthy wish to stay asleep in order to rest, and there is no conflict which prevents the ego from returning to reality. In the psychosis, the conflict which forces the ego to sever its ties with reality prevents a return to reality.

In the dream, the ego regresses to a state in which the manner of expression is on a preverbal level and in which the ego attempts to fulfil its needs through hallucinations. In the psychosis proper, the ego has regressed much further. The regression goes back to the undifferentiated state.

What we observe of ego-activity—I do not mean the ego of the prepsychotic state, but the ego in the psychosis proper—is the result of the attempt at restitution. The ego is unable to return to normal reality and has to resort to its individual delusional reality.

The latter situation brings up the problem of narcissism. In the dream, the ego behaves narcissistically; it occupies the centre. Compared with the other objects in the dream, the ego overestimates itself. This fact is in perfect accord with the regression of the ego to a phase of early infancy. The infant thinks himself the most important object. Yet the state of narcissism is not absolute. A part of the libido is already invested in the objects within the child's environment. In the psychosis, however, the regression toward the undifferentiated state leads to a narcissism that is absolute. Through the attempt at restitution, a new world is formed in which the objects represent the recathected parts of the patient's own personality. Thus the attempt at restitution does not change the state of absolute narcissism.

We have already pointed out that in the dream the ego wants to stay away from reality. When instinctual demands arise, the ego, through the process of wish-fulfilment, tries to cope with these disturbing factors. This point brings us to the question of whether the ego in the psychosis, in its attempt to return to reality, is applying also a process of wish-fulfilment. The explanation would then, of course, run as follows: the wishes cannot be fulfilled in normal life, and therefore fulfilment can occur only in delusional reality. In my opinion, however, experience points to a different solution. The psychotic attempt at restitution copes with the conflict that caused the breaking off of the ties with reality. This conflict is now mastered by unrealistic means. Dangerous urges are projected; in the delusion, these urges no longer threaten the ego from within but have to be fought in the outer world. Therefore, in the psychosis, the wish-fulfilling tendency which is so characteristic of the dream is completely lacking.

In the dream, the hallucinatory process dominates the situation. It gives the dream the appearance of being a psychosis of short duration. We may describe the function of this hallucinatory process as one of delay. In that way the ego tries to postpone waking up. The hallucinations in the dream are certainly not processes of discharge and therefore do not possess the structure of the schizophrenic

hallucination. The dream-hallucination is different from the hysterical hallucination. However, the two hallucinations have one factor in common: the ego tries to maintain control over instinctual drives that are striving to break through to consciousness.

In the dream, powerful stimuli try to force the ego to wake up. My description of the ego defending itself on a regressive level against these stimuli has indeed been extremely incomplete. Fantasy life now offers the ego an unlimited source of material to choose from. The dream-ego behaves in this unrealistic manner in order to perform a delaying action: it tries to postpone the waking up. The ego of the psychotic does not fight such a delaying action. It tries to master its conflicts by unrealistic means because its realistic means have been exhausted. The attempt at recovery leads to a reality of a purely delusional nature. Through this attempt, the psychotic ego may create the impression of having a relationship with reality. However, as Freud pointed out long ago, this attempt hides the fact that actually nothing of the kind exists (1).

The dream-ego and the psychotic ego seem to approach each other from two different points of departure, and to meet half-way. Yet a conspicuous difference remains. The delaying action of the one and the psychotic attempt of the other at mastery of the conflicts are still too far apart; they can achieve no more than a superficial appearance of similarity.

The content of the dream and the content of psychotic symptoms may, however, be the same. We have no way of determining solely from the content whether it belongs to a dream or to a psychosis.

This similarity of content needs further discussion. In regard to the psychosis, we may say that traumatic events from early childhood on up to the present time have had a damaging effect upon the ego and have therefore contributed to its weakening. In combination with other factors, mostly of an organic nature, these traumata play an important role in the cause of the psychosis. Thus we see that the conflict, which in the final phase of the prepsychotic development leads to a severing of the ties with reality, has been preceded by many other conflicts, starting already at a very early age. Accordingly, when the ego's psychotic attempt at restitution sets in, we sometimes observe that the ego not only tries to solve the final conflict but attempts to find a solution for these earlier conflicts as well. This attitude explains why

frequently in the psychosis the entire past becomes freshly elaborated from a delusional viewpoint. The attempt at restitution applies the primary process in order to accomplish these results. Needless to say, in this manner a delusional content is created which is not distinguishable from the content of a dream.

We find that dreams, as well as psychotic symptoms, may contain elaborations of childhood traumata. The state of sleep facilitates the return of the repressed in the dream.

At this point we meet again with the difference in mechanisms in the formation of the dream versus the formation of the psychotic symptom. In the psychosis, the ego tries to undo the undifferentiated state, which state by definition does not contain any cathected memories. Therefore, in psychotic symptoms, no recollections of childhood traumata can be elaborated as a result of the return of the repressed. It is the ego's attempt at restitution which recathects the conflict originating from the infantile situation. Thus, the memory of infantile traumatic events makes its influence felt in the content of the psychotic symptom not by force of the unconscious but, surprisingly, by force of the psychotic ego!

Our next question is whether, when the psychotic patient dreams, his dreams are different from those of the normal person. Like anyone else, the psychotic has to withdraw his cathexis in order to sleep. No conflict forces him to do so. But, in waking life, the psychotic must accomplish this withdrawal in order to eradicate the dangerous conflict. Therefore, he is much better off when asleep than when awake. In his dreams, he may return to relationships which would be impossible for him to maintain in waking hours. In the dream, the psychotic is in the same state of mind as any other person. But, whereas the psychotic dwells on a higher level in the dream than he is able to maintain in his psychosis, the normal person in his dreams steps down to this level.

In the first paragraph I mentioned psychoses which begin with a dream. I remember a man in his late sixties who dreamed that his 3-year-old grandson had died. Upon waking up, he went in the greatest anxiety to the window and saw the child playing out in the yard. Notwithstanding the reassurance of this observation, he did not calm down but within a very short time had to be institutionalized with an incurable melancholia. It is clear that the reassurance of reality was not sufficient to remove the conflict which was

present in the dream. We may assume that his melancholic delusions were the result of the struggle of his ego with these conflicts.

We find another example mentioned by Schreber. After his appointment as *Senatspräsident*, he dreamed a number of times that his previous illness had returned; this made him as unhappy during the dream as he was happy upon awakening to find that it had been only a dream. We see the same need in Schreber for reassurance from the reality situation as in the melancholic patient. Fortunately, we possess additional material about Schreber's dream. One morning during this same period—Schreber could not remember whether he was still half asleep or already awake—the idea occurred to him how wonderful it would be to be a woman submitting to intercourse. This thought was so foreign to Schreber that he would have rejected it if he had been fully conscious. In view of his later experiences, he could not deny the possibility that external influences had caused this idea.

I quote this dream because, in my opinion, it contains a demonstration of how Schreber's ego, during the prepsychotic period, was subjected to conflicting desires. Through his previous illness, Schreber had been able to ward off his wish to be a woman. The dream-content does not express any tendency to struggle with his femininity. The return of the illness seems the only possibility of erecting a defence in the present situation. Therefore, one part of the ego seems to be inclined to yield to the illness. Another part is responsible for Schreber's happiness, upon awakening, that it had been only a dream; this part of his ego was the bearer of the wish, 'I hope I can stay normal and won't have to become ill again in order to master my dangerous femininity'. It is evident that this conflicting attitude of the ego is a bad omen.

Using such examples as a basis, we may expand our theory and assume that every initial dream which is emphasized by the patient as the starting-point of his psychosis still contains the wish to be able to prevent the outbreak of a psychosis. Of course, the wish-fulfilment in the dream does not have to correspond with the events of waking life. Upon awakening, the patient may discover that his ego is no longer able to master the situation by reality means. The wish in the dream was the last barricade which the ego could erect against the oncoming psychosis.

Another example requires our attention. A patient with a persecutory delusion may have an

anxiety dream that he is being chased by a bull (1). Thus the persecution is present in the content of the delusion as well as in the content of the dream. Here we may apply the explanation which we have already previously discussed. The dream and the delusion may have a similar content, but their structures are different. In the dream, the persecution is of the nature of a secondary projection; the wish-fulfilment serves to keep the patient's own homosexuality unconscious. Thus the dream expresses the patient's desire to master the homosexual drive by reality means. Yet the patient is unable to extend his mastery also into waking life, but must rely here upon the psychotic defence of delusion formation.

I want to conclude this paper with a short discussion of the dream that becomes a part of a delusion. The few times that we are able to acquire insight into such dreams brings forth the conviction that this type of dream has a special function.

Let us take an example from Schreber. Schreber thought that Flechsig had started to persecute him after he (Flechsig) was informed, *through dreams*, about the relationship between Schreber and God. Flechsig used this information to his own advantage. This relationship between Schreber and God was the basis of Schreber's homosexual attraction to Flechsig and to other men, which attraction was partially warded off in his initial dream that the illness had returned.⁷ Thus Flechsig's dreams are the projection of Schreber's own initial dreams.

The manner in which Schreber himself received his knowledge that Flechsig's abuse was based upon dreams is very interesting. Schreber formed a hypothesis to explain the events; on another occasion he spoke of receiving his ideas through suspicions and conjectures, or through divine revelations. But, to us, such hypotheses, conjectures, and revelations are *Schreber's*

further associations to the dreams, through which associations he made certain facts conscious in the form of delusions. To my surprise, I was able to reconstruct from these delusional ideas important childhood memories about Schreber's relationship with his brother.⁸

This result permits us to draw the conclusion that childhood memories were elaborated in Schreber's dreams.⁹ Under normal circumstances, his associations would eventually have ended with these memories becoming conscious. However, something else took place: the ego used the attempt at restitution to deal with this associated material, and this latter function transformed the unconscious memories into delusional contents instead.

We may ask the question whether this peculiar type of dream should be differentiated from the dreams of normal persons. In order to formulate our answer, let us be very clear about our finding that our results corroborate the old Freudian thesis that 'the dream forms the royal road to the unconscious'. Accordingly, this dream, which appears to be so very different, has still the same basic structure as any other dream. What gave Schreber's dream this peculiar appearance was the fact that Schreber's thought-associations were used in the delusion formation. In this way the dream served as the vehicle for placing infantile material at the disposal of the psychotic attempt at restitution.

Dreams and psychotic symptoms both belong to the offspring of the human mind. Frequently they behave as if they were identical twins, but even so, recent studies have strongly emphasized the difference in their egos despite the striking outward similarity. It is always our task to protect the individuality of each separate offspring. The result is this paper. It is a provisional attempt to differentiate between the process of the dream and the process of the psychosis.

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⁷ See succeeding footnote.

⁸ M. Katan, 'Schreber's Hereafter' (8). Through analysis of Schreber's 'associations to the dreams', I drew the conclusion that his father's peculiar upbringing strongly excited Schreber as a little child. Flechsig represents his 3-year-old brother who tried to seduce

him homosexually. On the basis of the sexuality aroused by the father's treatment, the brother gained a very strong influence over the child. This homosexual attachment to his brother is extensively elaborated in Schreber's delusional ideas pertaining to the persecutions by Flechsig.

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THE BACKGROUND OF SAFETY¹

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Freud distinguished, in *Inhibitions, Symptoms and Anxiety* (8), between the experience of trauma and that of danger. In the traumatic situation the ego is helplessly exposed to quantities of excitation which cannot be discharged or in any way controlled. Situations of danger, on the other hand, are those in which the ego anticipates a situation which it cannot master, which is potentially traumatic. The experience of trauma, that is of helplessness, is the same no matter what the source of the uncontrollable excitation may be, and in the course of development highly specialized methods are evolved whereby traumatic excitation, the threat of trauma implicit in the danger situation, and the correlated affect of anxiety may be avoided. The source of potentially traumatic excitation may be the id or stimulation of the sense organs. In the earliest undifferentiated² phase of development, however, no distinction is made by the infant between excitations arising from different sources.

Some of the techniques which the ego develops for dealing with potentially traumatic excitation have been studied in detail, in particular the mechanisms of defence. Yet all the functions of the ego which subserve adaptation, including those of the conflict-free sphere (9), can be considered as being directed towards the mastery of excitation. I want to single out for discussion one, from some points of view the most important, of the ego's functions through which the ego controls and contains excitation which might otherwise be traumatic. I refer to the process of *perception* whereby unorganized sensations arising from the various sense organs are transformed into organized and structured perceptions. The development of a primitive capacity for perception must clearly precede the differentiation of situations of danger from the experience of trauma.

I should like at this point to summarize my thesis very briefly by saying that the act of perception is a very positive one, and not at all the passive reflection in the ego of stimulation arising from the sense-organs; that the act of perception is an act of ego-mastery through which the ego copes with the excitation, that is with unorganized sense data, and is thus protected from being traumatically overwhelmed; that the successful act of perception is an act of integration which is accompanied by a definite *feeling of safety*—a feeling so much a part of us that we take it for granted as a background to our everyday experience; that this feeling of safety is more than a simple absence of discomfort or anxiety, but a very definite feeling quality within the ego; that we can further regard much of ordinary everyday behaviour as being a means of maintaining a minimum level of safety-feeling; and that much normal behaviour as well as many clinical phenomena (such as certain types of psychotic behaviour and the addictions) can be more fully understood in terms of the ego's attempts to *preserve* this level of safety.

Following from this I want to put forward, without considering it in detail, the notion of a *safety-principle* which mediates the development of the reality-principle from the pleasure-principle.

It will be remembered that Freud described his view of the perceptual apparatus in his paper on 'The Mystic Writing Pad' (6) where he differentiated 'an external protective shield against stimuli', the 'surface behind it which receives the stimuli, namely the system Pcpt.-Cs.', and the memory systems which lie behind that, and which permanently record traces of the excitation. In *Beyond the Pleasure Principle* (5) Freud suggested that perception was not in fact an altogether passive process, and he returns to this

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² Hoffer has suggested that 'differentiating state' is a

more appropriate description of this early state than 'undifferentiated state'.

suggestion in the 'writing pad' paper and in his paper on Negation (7). Evidence collected over the past 20 or 30 years, particularly from the work of experimental psychologists, fully substantiates the idea that perception is a very active ego-process, a part of the ego's essentially integrative activity. It seems clear that there is a very real qualitative difference between incoming sensory stimulation which has passed the external protective barrier, and the percept which we actively construct to modify and confine the sensory excitation. Perception need not, moreover, be tied to states of consciousness, and we can speak of preconscious as well as of unconscious perception.

We know that the act of perceiving constitutes an attempt to add 'meaning' to incoming excitation: meaning, that is, in terms of past experience and future activity. We know, too, that instinctual drives and the ideas attached to them (so-called 'unconscious phantasy') can substantially modify the form and content of our perceptions; that unpleasant and threatening cues can be suppressed and incongruities overlooked in the act of perception.

We can conclude therefore that it is not only variation in the quantity of cathexis which modifies the incoming excitation (as described by Freud in his paper on 'Negation'), but there is also a *qualitative organizing component*, related to instinctual wishes, to past memories, and to the whole body of organized concepts and schemata built up within the ego, and constituting an internal frame of reference by which the outside world is assessed. This frame of reference is essential to all perception, and its formation is a necessary basis, for example, for successful distinction between 'self' and 'not-self'.

It seems that the central feature of the perceptual process is that it attempts to organize and structure the incoming data from the sense-organs. In this the ego deals with incoming stimulation in exactly the same way as it modifies latent dream thoughts and transforms them into manifest content. *There is a 'perception work' corresponding to the 'dream work'*. Indeed, this need not surprise us if we consider that the distinction between the various sources of excitation, between drive excitation and excitation from the real world, is only painstakingly built up in the infant over months and years. That our adult perceptions refer so strikingly to the outside world (I include here the body as part of the

outside world), while the demands of the id are not so clearly differentiated, is a result of the necessity during development to abandon the pleasure-principle in favour of the reality-principle, and the consequent need for reality-testing.

When we speak of the cathexis of the external world, or of objects in that world, we mean the cathexis of representations within the ego, representations that have been built up by successive experiences of the real world; experiences, however, which represent reality as distorted by the child's intellectual limitations, by his memories, wishes, and defence mechanisms. As the child matures, and with successful reality-testing, perceptions can be assumed to provide a more and more accurate rendering of real events.

We know, particularly from the work of Piaget, that the young child's perception of its body and of the external world is distorted not only by his needs and phantasies but also by his inadequately developed frame of reference, a frame of reference through whose use sensations are modified into perceptions. The development of the capacity for more refined and valid perceptions goes hand in hand with the development of more accurate reality-testing.

We can speak of a successful act of sensory integration as one in which excitation (I speak now of stimulation from any source, from the id or the outer world) is smoothly and effectively dealt with by the ego. I want to suggest that such successful sensory integration is not only accompanied by anxiety-reduction, but also contributes to a background feeling within the ego, a feeling which can be referred to as one of safety or perhaps of security. I want to stress the positive character of this feeling (which need not, of course, be conscious). It is a feeling which bears the same relation to anxiety as the positive body state of satiation and contentment bears to instinctual tension. Genetically, this feeling must be a derivative of the earliest experiences of tension and satisfaction. It is a feeling of well-being, a sort of ego-tone. It is more than the mere absence of anxiety, and reflects, I believe, some fundamental quality of living matter which distinguishes it from the inanimate. It is a quality of feeling which we can oppose to the affect of anxiety, representing in a sense its polar opposite.³

This concept of safety-feeling is not, I believe, identical with Federn's concept of ego-feeling, though it may be related to it. The feeling of

³ The relation between safety-feeling and narcissism is, of course, of much interest, but I am not able to take it up here.

safety is not connected *a priori* with ego-boundaries or with the consciousness of self, but develops from an integral part of primary narcissistic experience, and must exist in rudimentary form from the time of the earliest experiences of need-satisfaction. Later, of course, it becomes attached to different ego-activities and structures, and to mental content, and we can postulate safety-signals in the same way as we do signals of anxiety. These safety-signals are related to such things as the awareness of being protected; for example by the reassuring presence of the mother. I refer only to a simple background feeling which can be compared to a level of tonus in a resting muscle, and which is as different from atonic feelings of death and emptiness as a healthy muscle is from a denervated one.

I have stressed the positive aspect of this feeling, and its existence as a sort of constant affective background to all our experience. It is normally maintained through regular and effective handling of quantities of incoming excitation by the ego, a process which becomes increasingly automatic as time goes on, but which retains its active character throughout. In sleep, disturbing stimuli from any source may be dealt with by the dream-work, and in this sense we can regard the dream not only as the guardian of sleep, but also as a perceptual mechanism whereby the level of safety-feeling within the ego is maintained.

At any given moment we are all dealing, in a smooth and integrative way, with the results of stimuli impinging on us from all sides, for example those arising from the proprioceptors which give us unconscious, or preconscious, information about our posture. This incoming excitation is all organized and dealt with, and we tend only to become aware of it when the sense data do not correspond to our experience and expectation, as when we step into a hole in the dark. We then experience a momentary trauma, and a reduction in the level of safety-feeling. Normally, however, the experience of our senses is in harmony with what we expect on the basis of our mental model of the external world, with our psychic schemata or frames of reference, and our experience coincides with our expectations.⁴

Now trauma, danger, and anxiety, deriving from any source, can reduce the safety level. It would seem that in taking appropriate action resulting in a reduction of anxiety, the ego also heightens the level of safety-feeling. This leads

us to an important theoretical step, which is, I believe, thoroughly substantiated by experience. In addition to directly defensive activity aimed at the reduction of anxiety, the ego will attempt to counterbalance the anxiety, so to speak, by heightening the safety level by whatever techniques it has at its disposal. Perhaps the most convenient way of heightening safety-feeling is through the modification and control of perception, and I should like to describe a few of the ways in which this can take place.

The classification of these techniques of controlling perception is a fascinating topic in itself, but I will only mention here that these methods of perceptual modification seem to fall into two major classes, though of course we can classify them in many different ways: those methods which involve modification of the perceptual processes *within* the ego (that is modification of the excitation which has passed the external protective barrier), and those which involve deliberate and purposive behavioural manipulation of the external world so that the sense-organs are subjected to altered and different stimulation.

In the first Ernest Jones Lecture (1), Professor Adrian made a point which is perhaps relevant to the present discussion, as it indicates that the usual distinction between motor behaviour and sensory experience can be a misleading one. He suggested that the impulse to a particular piece of behaviour was a pattern of nervous activity in the brain which is cancelled when the appropriate set of signals arrives at the brain from the motor apparatus. The motor act is controlled through the matching-up of the incoming sensations with the pattern of neural disturbance prompting the behaviour. We can state this in psychological terms by saying that when perception of the motor activity corresponds with the drive-catheted image of that activity, there will be a corresponding reduction in tension. Thus a simple act of *appropriate* motor activity can itself reinforce the safety-feeling simply by virtue of the fact that it is appropriate, i.e. that the incoming excitation is smoothly transformed in an unconscious or preconscious manner. From this point of view, incidentally, the fear of loss of motor control and the feeling of being hopelessly overwhelmed by stimulation are more similar than might appear at first sight.

I do not want to enter into the many ways in which the ego controls perception and reinforces

⁴ Dr Martin James has pointed out that techniques of scientific research have the same function, viz. to

diminish the gap between that which is expected on the basis of the theoretical model and actual experience.

its feeling of safety. These range from simple sensory and motor adjustments to those mechanisms which Anna Freud has described so thoroughly in *The Ego and the Mechanisms of Defence* (3); mechanisms such as denial and ego-restriction. In particular I would refer you to Miss Freud's Amsterdam Congress paper (4) on 'Negativism and Emotional Surrender', in which she considered certain forms of negativism as being a defence against the threat of primary identification with the love-object, 'a regressive step which implies a threat to the intactness of the ego. . . . The individual fears this regression in terms of dissolution of the personality, loss of sanity, and defends himself against it by a complete rejection of all objects (negativism).' This is, of course, one form of defence through perceptual control in the sense of the present discussion, and we can understand that the 'threat to the intactness of the ego' as the lowering of safety-feeling and the experiencing of anxiety consequent on the danger of being traumatically overwhelmed.

Another technique for raising the level of safety-feeling at the disposal of the ego is the *hypercathexis* of certain sources of stimulation which lead to secure perceptions. Such hypercathexis enters into much of the behaviour which we call regressive, into such normal phenomena as transitional objects and mascots, and is particularly striking in certain psychotic manifestations. I refer to the bizarre posturings and stereotyped movements found in certain forms of schizophrenia, and we may perhaps include such phenomena as echolalia and echopraxia. These can, in part at any rate, be understood as attempts to raise the safety-feeling level by gaining a secure source of stable perceptions which correspond to intact object-, thing-, or movement-representations within the fragmented psychotic ego. These perceptions result in an increase in the level of safety-feeling, through a hypercathexis of the residual but secure perception. There is recent evidence that the schizophrenic defect involves gross direct perceptual disturbance, and I would suggest that much of the most bizarre and regressed schizophrenic behaviour is meaningful if we take the point of view that it represents a desperate attempt to find an 'island' of perceptual security. Those who are familiar with the way in which psychotic children clutch their possessions, hide in corners or under blankets, or perform stereotyped movements, will have been, I am sure, impressed by the panic which these children show when their

source of secure perceptions is tampered with (for example, through forcibly restraining a child from carrying out a repetitive movement).

In certain catatonics, the only source of this security may be the perceptual constancy achieved through complete immobility. In this connexion I would mention the outstanding work on the ego-disturbances of chronic schizophrenia carried out by Freeman and his colleagues in Glasgow, and in particular a recent paper by Chapman, Freeman, and McGhie (2); a paper in which they describe some of the responses and comments of a patient who had suffered a catatonic illness. This patient described, in vivid detail, the tremendous efforts he had to make to retain secure sources of perception. To quote: 'He appeared to be able to move only after conscious reference to a series of mental pictures of his body', and the authors go on to say: 'The performance of any movement disregarding this process of attending to the motor act, aroused in the patient intense fear.' Other authors have described similar reactions in catatonic patients, and it would seem reasonable to conclude that the essential ego-defect in these patients lies in their disturbed capacity for efficient and automatic organization of their sensory experience into percepts.

I want now, briefly and tentatively, to suggest that we can see, from all of this, the workings of what one might call a *safety-principle*. This would simply reflect the fact that the ego makes every effort to maintain a minimum level of safety-feeling, of what I have called ego-tone, through the development and control of integrative processes within the ego, foremost among these being perception. In this sense, perception can be said to be in the service of the safety-principle. Familiar and constant things in the child's environment may therefore carry a special affective value for the child in that they are more easily perceived—colloquially we say that they are known, recognizable, or familiar to the child. The constant presence of familiar things makes it easier for the child to maintain its minimum level of safety-feeling. And this is a process which is not necessarily identical with the libidinal cathexis of objects as sources of instinctual gratification, though it may often be difficult in practice to discriminate the one from the other. Instinctual drives will always remain the prime motivators of behaviour, and although I have, to use Freud's analogy, described a little part of the rider, this does not mean that the horse does not exist.

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DISTURBANCES IN THE CAPACITY TO WORK¹

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In its most general sense, work as conceived by Freud (2) (and I am here concerned with work in the psychological sense only) is the mental energy or effort expended in striving to reach a goal or objective by means of the operation of the reality principle, and in the face of the demands of the pleasure principle.² If we examine this activity closely, however, a number of important features claim our attention.

The operation of the reality principle leads to delayed rather than immediate gratification. It requires the exercise of discretion (in the sense of judgement, and not the social sense of being discreet) in determining which courses of action will eventually lead to the best result. Discrimination and judgement must be used, and decisions made. Decision contains the uncertainty of the wisdom of the choice, and calls for the capacity to tolerate uncertainty while awaiting the final outcome, and possible failure.

This uncertainty, however, it must be noted, has a special quality. The use of discretion depends upon unconscious as well as conscious mental functioning—the capacity for synthesis of unconscious ideas and intuitions and bringing them into consciousness. We may not be surprised to find, therefore, that at the core of this uncertainty lies anxiety—the anxiety aroused by having to depend for success upon the coherence and availability of unconscious mental life.

I was able to confirm this conclusion in social-analytic work in industry which I have reported elsewhere (6). In the course of these studies, two major components of work were separated: first, the prescribed content—laws, customs, resources, instructions, rules and regulations, and material limitations—which allow no room for discretion but set the frame within which discretion is exercised; and second, the discretionary content, comprising all those aspects in which

discretion and choice have to be exercised. The force of this distinction was brought home to me when it became clear that what is experienced as psychic effort in work—the intensity or weight of responsibility—is entirely concerned with the discretionary content of work. To conform to rules and regulations and other prescribed aspects of work requires knowledge; you either know or you do not; but it does not require the psychic effort of discretion and decision, with its attendant stirring of anxiety.

I was able to demonstrate that weight or level of responsibility is objectively measurable in terms of the maximum spans of time during which discretion must be exercised by a person on his own account. The longer the span of time, the more the unconscious material that must be made conscious, and the longer must uncertainty about the final outcome and the anxiety about one's judgement and discretion be tolerated. In short, the longer the path towards gratification chosen in accord with the reality principle, the greater is the experience of psychic effort or work.

We are led then to the following definition of work, and formulation of the capacity to work. *Work* is the exercise of discretion within externally prescribed limits to achieve an object which can be reality-tested, while maintaining a continuous working-through of the attendant anxiety. The *capacity to work* depends upon the coherence of the unconscious, and upon the integration and strength of the ego and its capacity, in the face of anxiety and uncertainty, to sustain its functions, to maintain the reality principle, and to exert pressure to make the unconscious conscious.

The Main Components in Mental Activity

Work is never a simple process of striving towards an external objective. Combined in any

¹ Revised and expanded version of a paper read at the 21st International Congress of Psycho-Analysis, July 1959.

² This conception of work is followed by most psycho-analytical writers on the subject, as for example Hendrick (5), Oberndorf (13) and Lantos (11).

act of work there is always a relation to the objective perceived as symbol. In order to advance our analysis, I shall have to digress for a moment to establish a few conceptions and terms in connexion with perception and symbol formation.

The perception of an object is determined by the interplay of the requisite content of the percept with two types of symbolic content which have been variously designated; for example, by Segal (15) as symbols and symbolic equations, and by Jones (7) as symbols and true symbols. Whatever the terms used for the two types of symbolic content—and many writers, including Milner (12) and Rycroft (14), have emphasized the importance of the distinction—the central factor is that stressed by Klein (9) (and elaborated by Segal), namely, the degree of concreteness of the symbol, and the extent to which it co-exists with the object or engulfs it. The degree of concreteness in turn depends upon the intensity and character of the splitting process which underlies the symbol formation. It is consistent with recent developments in Klein's conception of the paranoid-schizoid position (and indeed with unstated assumptions in her earlier work) to assume that it is when violent splitting with fragmentation of the object and the self is predominant that concrete rather than plastic symbol formation occurs. I propose to show that this assumption is useful and necessary not only in considering the problem of work, but in considering all mental processes, especially the fundamental process of perception, and shall use the following terms and schema.

The perception of an object is determined by the interconnexion of:

- (a) the requisite content of the perception, resulting in a mental percept of the object itself;
- (b) the symbolic content, in which the object is modified by projective identification, split-off parts of the self and internal objects being unconsciously perceived as in the external object or connected with it, and the object introjected in the modified form;
- (c) what I propose to term the concrete content, in which the object is modified by

the explosive projection into it of violently split and fragmented internal objects and parts of the self, loses its own identity and becomes a concrete symbol (or, in Segal's terms, a symbolic equation); it is then violently introjected and experienced internally in concrete corporeal form in a split-off and fragmented state within the body ego.³

This distinction between ordinary projection and introjection and the more concrete processes of violent projection and introjection is one consistently made by Klein in her earlier papers, in which she frequently uses the terms expulsion and incorporation to refer to the more violent processes. Bion, in his papers on hallucinosis,⁴ emphasizes the distinction, and retains these earlier terms.

Developmentally, violent splitting with fragmentation is associated with the earliest phases of the paranoid-schizoid position, when the rudimentary ego is under the impact of intense destructive impulses and instinctual defusion. At this stage, ordinary splitting fails as an ego defence because of the intensity of the anxiety aroused by the split-off persecuting primal object, and from the dangers of destroying the idealized split-off good object. As Klein (10) has recently shown, both aspects of the split primal object become experienced as persecutory, and contribute to the remorseless quality of the primitive superego.

Symbol formation with lessened concretism becomes possible at the transition stage between the paranoid-schizoid and depressive positions. The ego, with greater integration, is more able to contend with persecutory anxiety by means of less violent splitting and with lessened fragmentation. There results a growing confidence in the capacity to sustain the good objects split-off and segregated from the bad ones. The ensuing capacity to reduce anxiety by formation of symbols⁵ in turn facilitates the onset of the depressive position. Contact with reality is strengthened, greater reality in perception comes to the fore, and a whole range of defences becomes available, especially reparation and sublimation and a more fully developed use of

³ This conception of concretism is connected with phenomena similar to those described by Goldstein under the heading of concrete as against abstract thinking, and by Piaget under the heading of syncretism. I believe that the processes of violent splitting and fragmentation, followed by explosive projection and violent introjection,

with the accompanying very concrete forms of identification, offer an explanation of the dynamics of the phenomena observed by Goldstein in his patients with brain damage, and by Piaget in young children.

⁴ For example, W. R. Bion, 'On Hallucination' (1).

⁵ Klein (9).

symbol formation.⁶ Davidson has given a graphic account of this process in his clinical description of the treatment of a patient suffering from schizophrenia with mutism.⁷ In passing, I would suggest that it is precisely because symbol formation is always based upon some splitting, that symbols tend towards being normative in mode—either good or bad.

In separating out three main components of perceptual processes, and indeed of all mental activity—the requisite, symbolic, and concrete—I am doing so for the purpose of analysis only, and not to suggest that there are objective ego activities separated from symbolic and concrete contents and the conflicts and anxieties from which they arise. It is precisely the co-existence and interconnexion of these components of mental activity which I wish to demonstrate in work: the relative quantity, balance, and content of the three components determining the degree of realism, the creativeness, the energy, and the direction in work, as well as the extent to which that work contributes to advances in psychic integration. The present formulation thus differs from that of Hartmann (4) who, in defining what he terms the conflict-free ego sphere, writes of 'that ensemble of functions which at any given time exert their effects outside the region of mental conflicts'. In contrast to Hartmann, I believe that the path from psycho-analysis to a general psychology cannot be traversed without taking into account the fundamental role of conflict in all mental functioning—a view which I hope may be supported by the present paper. In particular, I think that the understanding of normal psychological processes will be enhanced by teasing out from within them, and elaborating, the various types of splitting processes employed by the ego in dealing with conflict, and the vicissitudes of the resulting splits and fragmentations of the ego, objects, and impulses—a point frequently stressed by Klein.

The Process of Work

I now wish to turn to the process of work itself. Six main stages may be recognized:

- (a) the achievement of a particular objective is undertaken, and a *relationship is established with the objective*;
- (b) an *appropriate quantity of the mental apparatus must be allocated to the task*;
- (c) an *integrative reticulum* must be constructed

and elaborated, within which the work is organized;

- (d) concentration upon the task, teasing out the contents of those areas of the mind occupied upon it, and a scrutiny and searching for elements which will help in solving the problem; a process I shall designate by the terms *lysis* and *scanning*;
- (e) *gathering, linking, and synthesis* of the elements which fit;
- (f) *decision*, by which is designated a taking of action with significant committal of resources.

The processes I shall describe will refer throughout to the interplay of mental events between the conscious and unconscious areas of the mind. Although the focus of emphasis oscillates continually between the conscious and the unconscious—each one alternately becoming figure and then ground—neither the one nor the other process is ever inactive.

I shall outline the six stages of work sequence for purposes of presentation. In reality the various stages interact. The first integrative reticulum may be tentative—an hypothesis, or a mere hunch or feeling. Insufficient, or too much, mental capacity may be allocated. As lysis and synthesis proceed, and knowledge is collected, the integrative reticulum may be modified, and more or less mental capacity allocated; the libidinal relationship with the objective may be altered—ambivalence and the intensity of libidinal investment increasing or decreasing as the task and its difficulties are encountered and experienced.

Moreover, as lysis and linking proceed, trials may be essayed in external reality, but without extensive committal of resources, the knowledge and intuitions built up from these trials being fed back into the elements available for linking.

Relation with the Objective

An objective is an object-to-be—one which has to be brought into being, to be created. The objective may be worked for because of inner need and compulsion, for the personal satisfaction to be derived regardless of other gain. It may be an allocated task constituting part of a person's employment.

The amount of energy mustered for a task will depend upon both the desire to achieve the objective and obtain the attendant reward, and the symbolic meaning of the objective and

⁶ Segal (15).

⁷ S. S. Davidson, 'On Catatonic Stupor and Catatonic

Excitement.' Unpublished paper read to the British Psycho-Analytical Society on 29 April, 1959.

attendant psychic gratification. Work is most satisfying when both these elements are consistent with each other, and relatively undisturbed by concretism.

If the depressive position has been sufficiently worked through, the symbolic content of work will be connected mainly with reparation. The analytic literature contains many instances, for example, where the objective represents the creation of a baby and giving birth to it. At a deeper level is symbolized the reparation, restoring, and recreation of the primal good object, and revival of good impulses and good parts of the self. The objective in work is nicely suited for such a symbol, since it exists only as a partial schema requiring to be completed and brought to life by loving care and work. At the same time as the objective is symbolically identified with the good object undergoing reparation and restoration, the bad objects and bad impulses and parts of the self are symbolically identified with obstacles in the way of the work. The more the reality content of the work is consistent with the unconscious symbolic reparative activities, the greater will be the love for the task.

If the discrepancy between the reality and symbolic aspects is too great, lack of interest or hatred is aroused, and loss of incentive ensues. This hatred may be intensified by violent splitting and fragmentation, the incomplete objective being concretely introjected and identified with destroyed and persecuting internal objects. The objective itself then becomes increasingly persecutory through violent projection and concrete symbol formation. Moreover, the intensity of the concretism will determine the extent to which 'putting oneself into the job' becomes a matter of strong positive motivation and sound effort, or of confusion and inhibition. The negative effect is produced by the unconscious experience of losing parts of the self and internal objects into the task concretely perceived, combined with the experience of getting parts of the job lost inside oneself—in the same manner, for example, as when genital sexuality is inhibited by urethral and anal sadism. Fears of failure are then intensified through unconscious fears of uncontrolled destructive impulses.

Allocation of Mental Capacity

The amount of mental capacity allocated (i.e. the amount of occupation with the task) will be determined by the judgement of the size of the task, given greater or lesser effect by the intensity of libidinal involvement and the amount of

ambivalence. The accuracy of the judgement of size of task will be influenced by knowledge of that type of work. It will be distorted by violent splitting and fragmentation. The stronger the love for the real and the symbolic objective, the greater the psychic energy that will be made available for the task.

The allocation of mental capacity requires a genuine act of mental investment. More, it requires the segregation of the invested area from interference by other mental activities. It is an allocation in time as well as in amount. The intensity of absorption in the task is at stake. It is an estimate, and one which may require subsequent revision. The greater the time framework, ordinarily the greater is the area of the mental apparatus that is brought into play. To be preoccupied with other things means just what the word implies: so much of the mental apparatus has already been allocated that not enough is available for the task at hand. Segregation breaks down, and concentration on the task is disturbed. Capacity to work is impaired in neurosis by the absorption of mental capacity in internal conflict, which leaves relatively little capacity available for any other work.

Integrative Reticulum

The integrative reticulum is the mental schema of the completed object and the means of creating it, organized in such a manner that the gaps both in the mental picture of the object and in the methods of creating it are established. Consciously, it is a combination of any or all of concepts, theories, hypotheses, and working notions or hunches. Unconsciously, it is a constellation of ideas-in-feeling, memories-in-feeling, phantasies, and internal objects—brought together and synthesized to the extent necessary to direct behaviour, even if not sufficiently to become conscious.

The creation of an adequate reticulum requires sufficient ego-strength to achieve the necessary intensity of concentration upon the task. If ambivalence about the task is low, and if there is not excessive splitting of the conscious from the unconscious parts of the mind, then the greater the ego-strength and the greater the conscious mental concentration and effort applied to the task, the greater will be the concentration upon the task in the unconscious mind. That is to say, conscious mental effort has a continuous effect upon the mobilizing of unconscious mental activity and effort, and upon the content and direction of that activity.

Conversely, the strength of the ego-activity mobilized for the task, the capacity to concentrate upon the objective, and the coherence and synthesizing power of the resulting reticulum, depend in large measure upon the coherence in the organization of the unconscious mental processes. The degree of coherence in the unconscious is associated with the dominance of loving impulses over destructiveness, and the intactness of internal good objects—these conditions reducing the dependence of the ego upon violent splitting. When, however, there is insufficient coherence and violent splitting and fragmentation occur, a satisfactory integrative reticulum cannot be established. Indeed a schema of the objective constructed under such conditions will itself be split and fragmented and will thus facilitate further splitting and fragmentation: it acts as a disintegrating rather than an integrative reticulum inducing confusion and disorganization in work.

The assumption of unconscious influences upon conscious mental processes requires no elaboration. The two assumptions, however—that of coherent structure and function in unconscious processes, and that of conscious effort in influencing the intensity, coherence, direction, and content of unconscious activity—may warrant a brief comment. The validity of these assumptions may be simply demonstrated. The successful accomplishment of any task requires the exercise of some or all of the functions which we describe as touch, or feel, or sense, or intuition, or insight. These functions are exercised in the main unconsciously, and are not simply preconscious. They can be brought into play by conscious orientation towards a particular task. Once set going, they may operate, for instance, during sleep, throwing up a result that is consciously available, but without the problem-solving activities themselves becoming conscious. Such activities demand the assumption of coherence and dynamic organization in the unconscious, intimately connected with conscious activities.

Lysis and Scanning

By lysis, I refer to the process of separating and teasing out the contents of those areas of the mind occupied in the task—the products of conscious knowledge and of unconscious phantasies and feelings, awareness through experience, and intuition. By scanning, I refer to the process of mentally looking over and considering the

teased-out materials. Both lysis and scanning are concerned with making the unconscious conscious.

Lysis and scanning require the capacity to loosen the elements organized within other sets of ideas, so that many relevant elements may be abstracted and used in the new context; e.g. certain ideas in a book; or the unconscious memory of a particular feature of the behaviour of another person, or of one's own childhood. At the same time the integrative reticulum itself must be loosened and prepared for the linking of new elements, the reticulum possibly needing to be modified in the process. Scanning may be external as well as internal. When insufficient material is discerned in the conscious and sensed in the unconscious mind, new information is sought in the outside world, by search and by research. When libidinal investment in the work is high, so are curiosity and the need for truth—and the desire to discover and use such knowledge as already exists—so that the work of others is prized and valued.

If the ego-strength is sufficient, the concentration of mental effort on the task within the frame of the integrative reticulum results in the loosening out and mobilization of thoughts and ideas relevant to the task. These elements do not come only from the conscious ego. If the unconscious ego is sufficiently oriented towards the task, it will be influenced into throwing forth elements associated with gaps in the reticulum. The more coherent is the organization of the unconscious ego, the greater is the influence upon it of the exertion of conscious mental concentration and effort; and the greater will be the release of elements from the unconscious to be made available for scanning and for possible use in achieving the objective.

In lysis and scanning, if the mental process is plastic, elements of thought are made available for synthesis within other thought processes, without destroying their mental context. At the symbolic level, this process goes on by means of a wide range of possible splits and fusions, but with the good and bad aspects of the splitting maintained intact. To the extent, however, that persecutory anxiety, violent splitting, and the ensuing concretism are at work, lysis and scanning are inhibited or lead to confusion, because lysis is experienced as fragmentation and disintegration. The mental process is concrete and inflexible, the bits and particles are not available for synthesis, and the integrative reticulum becomes unmodifiable.

Gathering, Linking, and Synthesis

As the process of lysis and scanning proceeds, those elements which fit together and into the schema are gathered together. The question of what constitutes fittingness is of the greatest importance, and warrants a separate treatment beyond the scope of the present paper.⁸ The loosened elements are mentally tried out for fit into gaps in the reticulum, and those which fit are retained. The sensation is that of insight, of notions which click.

The gathering together of these elements, and their linking within the integrative reticulum constitutes the act of synthesis. To gather, meaning to draw together into a heap, comes from the same root as the word 'good'.⁹ Linguistically, then, there is reason to connect the creative gathering and synthesizing processes in work, with the unconscious experience of establishing the good object.

Where the apposition and fit are *unconsciously* made, the sensation of insight is one of 'feel'—something clicks, but it is not quite clear what. It is the feeling that one could *do* it oneself, or *demonstrate* how to do it, but yet not be able to explain how. Effort and study are required to bring the experience into the preconscious by discovering verbal images which correspond to it, and thus to bring the elements forth into consciousness, as Freud (3) has described in *The Ego and the Id*. The existence of a coherent integrative reticulum spanning the conscious and the unconscious ego acts as a powerful agent enabling the unconscious thus to be made conscious. The necessary act of attending to the task is experienced as mental strain.

When concretism is strong, however, linked objects are experienced as persecuting, the act of synthesis—as shown by Bion in another context (1a)—representing the unconscious internal re-enactment of the primal scene. The mental processes in work are therefore attacked, and the integrative reticulum subjected to tearing and destructive annihilation. The effect of the erotization of work is thus influenced by the strength of concretism: if concretism is weak, symbolic erotization of the objective in work may facilitate the work and reinforce sublimation; if it is strong, work is disturbed and sublimation is inhibited because of the concreteness of the erotization.

Decision and Action

When the mental process has proceeded sufficiently far, or when time begins to run out, the moment of decision and committal is reached. By the term 'decision', I wish to designate the taking of action to create the object in whole or in part, with a significant committal of resources, so that if the discretion and judgement exercised have been adequate, success will be achieved, but if they have been inadequate, failure will be experienced with wastage of the resources committed.

By decision, therefore, I mean what the term implies—'decaedere', a cutting apart—an act from which there is no turning back. It is the point at which a person's confidence in his mental capacity is put on trial, for the consequence of an act of decision is reality testing. The results of the decision have to be faced. It is the moment when anxieties about the task are mobilized to the very greatest extent.

If, therefore, there is much violent splitting with fragmentation, catastrophe is unconsciously anticipated. This fear of catastrophe is of the paranoid-schizoid type. It is the fear of self-inflicted failure through self-imposed stupidity and self-deception which occur whenever violent splitting and fragmentation, with their attendant confusion, are at work. It leads, following actual failure, to self-recrimination of the 'if only I had done so-and-so' type; and defence against this self-castigation by projection of the blame only intensifies persecutory anxiety, and in no way repairs the damage. The potency of the destructive impulses is experienced as immediately present. Consequently, unreality and a retreat to the pleasure principle result. Evasion of reality testing may be achieved by obsessional indecisiveness and paralysis of action or, equally, by careless and grandiose 'decisiveness' based upon magically omnipotent phantasies and off-hand disregard of the result.

If, however, the objective in work is successfully achieved in reality, then reparation is reinforced, the bad objects and impulses are diminished by identification with the obstacles that have been overcome, and splitting is lessened. Integration in the ego is advanced, and the operation of the reality principle is strengthened.

But perhaps most important is the fate of the

⁸ It is a question which takes us, for example, into the role of insight and of trial-and-error in learning and in problem-solving.

⁹ Both are from the Indo-European root 'gad' which means fit or suitable.

concrete components of the mental processes involved in the work. The very fact that a decision was made requires that some of the energy bound in maintaining the fragmentation is released, and with it some of the anxiety that had been tied up in the fixed and concrete symbolism. But the success of the objective work combined with the processes of symbol formation in creating an object in external reality, and reparation internally, mitigates hate and diminishes persecutory anxiety, increases the capacity to tolerate depressive anxiety and loss, and hence diminishes the need for violent splitting and fragmentation. Additional symbol formation occurs. And with the release and experience of anxiety there is relief as well, because of the experience, no matter how slight, of the capacity to tolerate that anxiety without disintegration, and to be creative in spite of it. I shall not, however, elaborate this point further. For Klein (8) has shown in detail in her paper on 'Mourning and its Relation to the Manic-Depressive States', how every experience of overcoming obstacles and anxiety—and this applies strongly in work—leads to a furthering of the working-through of the infantile depressive position, and a step forward in maturity and in the capacity for sublimation.

A Note on the Role of the Superego in Work

My omission of any reference to the role of the superego in work is no measure of its importance; for example, if it is not excessively persecutory, it plays a constructive role in facilitating sublimation, and forwarding work. But it is a subject which I cannot pursue on this occasion, other than to touch briefly upon one point.

When the superego develops in a setting of violent splitting and fragmentation it becomes harsh and persecuting in its relation to the ego, and is experienced as severely restrictive.¹⁰ This circumstance is revived in work when concretism is strong. The prescribed limits—the rules and regulations—within which the work is to be carried out, are experienced as persecuting. And, equally serious, knowledge itself becomes experienced as persecutory, because one of the important effects of knowledge is to restrict and limit the ego's field of choice of action, in the same way as does the superego. Unconsciously, then, knowledge is hated and is rejected, commonly by its being fragmented and repressed.

The ensuing resentment against work is readily illustrated in the behaviour of delinquents and borderline psychotics who react to the demands of conforming to the prescribed content of work and the knowledge to be exercised, by omnipotence, carelessness, and hostile negligence. Equally familiar is the reaction formation of concrete acceptance of the knowledge one knows and over-dependence upon it, with resentment against new knowledge which threatens existing conceptions, theories, and frames of reference.

Psycho-analysis as Work

We may illustrate these processes and the effects of concretism under ordinary everyday conditions, by a brief reference to work which we all know—that of psycho-analysing a patient. The love and energy with which we pursue the treatment is dependent upon the consistency between the conscious objective of mental healing and the content and strength of our unconscious symbolical reparative drive. We must have undergone sufficient personal analysis to enable us to allocate the requisite mental capacity to the task without interference from other preoccupations—especially unconscious anxieties—which might distract our attention and weaken our concentration upon the patient's unconscious mind. In listening to our patients, we each use an integrative reticulum, built up from an amalgam of previous material from the patient, and from the particular theories, concepts, and working notions we employ. This integrative reticulum determines our mental set or attitude and hence influences both the direction of our attention and the weight we place upon various aspects of the material that is forthcoming. It thus influences to an important extent what we each actually observe in our patients.

The clarity of our understanding of our patients will, moreover, depend upon the interaction between our objective perception of the patient and the exploration of the patient by projective and introjective identification through which we symbolically experience what it would be like if we were the patient, and if the patient were ourselves. It is likely, however, that the concrete content of the experience will always interfere with this symbolic process to a certain extent, the consequence being that one unconsciously feels oneself to be lost in the patient, and the patient confused inside oneself. This type of

¹⁰ Klein has elaborated this theme in her paper 'On the Development of Mental Functioning' (10).

concrete projective and introjective identification occurs in counter-transference. If concretism is strong, our relationship with the patient may be distorted and disturbed.

The state of mind in lysis and scanning can be illustrated in the free-floating attention necessary for psycho-analytic interpretation. It is free-floating only in the limited sense of being free within a previously-established integrative reticulum of analytic theory and of knowledge about the patient. Lysis and scanning occur within this schema, elements of the patient's associations and behaviour being scrutinized and picked over in our search for what to interpret—the integrative reticulum acting as a kind of sieve. Then, by virtue of our own conscious and unconscious mental activity, various elements become linked in our minds, and a potential interpretation is gradually gathered up and consciously formed. At the same time, our sense of timing and tone and verbal formulation remains largely unconscious.

The moment of decision is that point when, having gathered together the material which we consider relevant to an interpretation, we not only feel that the time has come to make an interpretation, but we actually make it—we say it to the patient—we commit ourselves. Having done so, we must then face in reality the effects and consequences of our interpretation.

It is probably the case that psycho-analytic work calls for more continuous concentration and mental work than any other. This fact, plus the fact that one's own anxieties are always subject to being aroused by those of the patient, makes us as analysts more readily vulnerable to disturbances in work by concretism. For instance, concentration might flag and attention wander, or the necessary continuous attention to minute detail in following the patient's associations might provoke a certain amount of confusion. In more extreme form, linking may be inhibited, and interpretation may be experienced as dangerous. Decisiveness in interpretation could be impaired.

A Clinical Illustration

I wish now to present some clinical material from the analysis of a patient who suffered a schizophrenic breakdown, and who in his fifth year of analysis was just getting back to work. I have chosen this case because it magnifies and highlights the effects of concretism by showing its operation in the setting of a large amount of violent splitting and fragmentation.

The patient, a 28-year-old man, had worked as a script-writer. The interaction of the various phases in work which I have described may be illustrated by material from a number of sessions at a time when he was trying to write a script for television. He came to one session in a half-triumphant half-despairing frame of mind. He thought he had written an excellent talk, but was convinced no one would buy it. 'If they did,' he boasted triumphantly, 'I would show them; I'd capture the audience!'

His attitude struck me as very similar to that of the previous day, when (as on some other occasions) we had analysed how he had attempted omnipotently to capture me with his talk, so as to get me to do exactly as he pleased—to analyse him, give him insulin treatment, let him stay with me in my house, sleep with my wife, and take over my friends and social life. I interpreted to him, therefore, that he wanted to use television to enter the homes of people and control them with his talk.

He roared with laughter at this connexion, and gurgled with triumphant glee, 'I'd tell them! I'd get into millions of homes at once. The bastards—I'd shit all over them!'

In the light of his associations and previous material, I was able to interpret to him that the TV audience represented to him his own internal family broken into millions of bits—whom he projected into the viewing families. He was then able to gain control over them by gaining omnipotent control over the television, and entering into their homes. The entry was a forced entry, with his faeces, in which he greedily possessed and controlled everything—food, comfort, and parental sexuality. At a deeper level, it was unconsciously a forced entry into his mother's breast and body.

The producers who would turn down his programme were unconsciously his father who was envious of his potency, and who would try to prevent him from forcing entry into his mother and taking control of her. The persons who were libelled in the talk and whom he sought to destroy by so doing, represented his own sadistic and destructive superego; and it was this superego that was fragmented and projected into me and attacked, so that he felt me to be on their side and against him.

When he tried to write, therefore, he had neither a unified objective nor a coherent integrative reticulum. He was literally all over the place. He admitted that those passages of his talk which contained the more persecuted and libellous material tended to be badly written and confused—'garbled' was the term he used. In effect, he could be said to be using a disintegrative framework rather than an integrative one for parts of his writing—attempting to smash his material in bits to disturb and confuse the fragmented internal objects and parts of himself projected into his audience rather than to satisfy that audience.

Under these conditions, the process of lysis was severely interfered with. He explained how, as he

tried to write, he could not sort out his ideas. As he tried to find just the right words, the words and ideas seemed to break up in his mind. He could not think in words. He could only spell. A cat was not a cat, but a C—A—T. But even worse, he could not spell correctly, could not get the letters back together into words. Then he felt people laughing at him—his audience producers, friends jeered and triumphed at his impotence.

Linking and synthesis became impossible for him at such a time, because he experienced himself so concretely inside the job standing for his mother's body. To link only increased his persecutory anxiety, because, for example, it was experienced as a bringing together of the cruel and sadistic penis with the already dangerous contents of his mother's body. Moreover, if he tried to look outside for additional information or knowledge, he became so utterly consumed by envy that he went almost blind with rage. On one occasion, he read a few pages of a favourite author to get just the right style for something he was writing. He then found himself unable to write. In his session on the same day, his associations took us to his unconscious envious and greedy eating of the words on the page—literally 'tearing them out of context'—and then feeling terrified and dominated by them internally, with the fear that they would appear in spoilt but recognizable form in his own writing. The simultaneous idealization and incorporation of the other author and her work partly made matters worse by increasing his own feelings of inferiority, hopelessness, and despair.

Under these conditions, decision became terrifying and he would retire to bed, sometimes for days on end, and retreat into magical phantasies in which he believed for the time being that he was sorting out all his difficulties.

Working Capacity and Confidence

I should like finally to return to an earlier theme—that weight or heaviness of responsibility is connected with the length of time a person must exercise discretion on his own account. The longer the time-span the longer must the anxiety of uncertainty be faced—anxiety without which work cannot be said to have been done. The ability to maintain a continuous working-through of that anxiety, and to go on exercising discretion and making decisions, demands that the requisite and symbolic contents of the mental processes involved in work must predominate over the concretion processes—a state of affairs requiring the dominance of love over hate. It is these conditions which lead to confidence in one's own judgement and capacities. They reduce persecutory anxiety and violent splitting. They provide an unconscious sense of well-being and ease, and faith in the ability to

restore and nurture the internal good objects. These feelings lie at the root of confidence in one's own creative impulses and sublimations and capacity to tolerate anxiety and uncertainty.

To the extent that these conditions are not fulfilled, confidence in work, and the capacity to do it, are diminished. Uncertainty replaces confidence, and increases anxiety and confusion. The longer the time-span of the discretion to be exercised, the greater will be the piling up of anxiety and uncertainty. Under these conditions the processes of sublimation tend to be reversed. Plastic symbol formations break down and become increasingly fragmented and concretionary in order to bind defused instinctual energy and to diminish persecutory anxiety. I believe that these are the basic processes underlying disturbed work.

This description applies equally to neurotic flight into excessive work. Such flight generally contains as a dominant feature the splitting-off and fragmentation of a part of the work-field with the result that the work tends to be soulless and lacking in humanity. The internal reflection of this work is a splitting-off and fragmentation of parts of the mind, so that psychic processes which might enrich the work-process are not available, and sublimation is inhibited. One of the paradoxical results of making a 'success' of such work is that concretism and fragmentation are thus reinforced, and an impoverishment of personality occurs.

Processes of disintegration and concretism are always present to some extent in the unconscious, and they are reinforced by the failure and anxiety they induce. These processes require constantly to be reversed, and daily work is one of the means by which this reversal occurs. Working—and especially working for a living—is therefore a fundamental activity in a person's testing and strengthening of his sanity.

ETYMOLOGICAL APPENDIX

A number of the psychological processes described above can be illustrated in the metaphoric content of the language of work which symbolizes these processes and the accompanying sensations, in concrete terms.

1. *Lysis* ('*lysis*'—to loosen) is the root of analysis, to loosen apart. This notion of a loosening and separating out of mental elements at this stage in work occurs in many words connected with it: *discern*, *discriminate*, and *discretion* (all from '*dis-cernere*', to separate apart). The term *skill* has the same reference (from '*skijl*', to divide or separate), relating it to the ability to tease out and discern; so also

have the words connected with solving a problem, *solve*, *resolve*, *solution* (from 'se-luere', to loosen apart, 'luere' being the Latin equivalent of the Greek 'lysis').

The loosening in the above sense is linguistically to be contrasted with fragmentation ('frangere', to fracture or break) which expresses a sharp and conclusive breaking apart.

As against words having to do with discretion and choice, *knowledge* ('gignoskein', a reduplicated form) has the meaning of being able automatically to reproduce previously established data without the anxiety of choice.

2. *Scanning* (from 'scandere', to climb or ascend) has the sense of rising above the loosened elements in the mind and examining them from on high. *Search* and *research* ('circare', to circle about) and *concentrate* ('con-centre', centre together) express the sense of mentally circling about the loosened elements, and bringing relevant ones together.

The mental circling about from above accords with the concept of a *plan* ('planus', a plain or plateau), that is, a clear area at the surface of the mind from which the elements below can be perceived, and on to which they can be raised. An *hypothesis* ('hypo-thesis', place below) is a construction placed among the elements in the deeper layers of the mind to help in sorting out those which are to be raised to the surface plain. The conception of *relevance* ('re-levere', to raise again) expresses this sense of lifting or raising up and out.

To concentrate gives additional information if we take it back to its Greek root ('kentron', a spike, goad, prick, centre) which carries the sense of goading or pricking together. This meaning falls into line with the act of *distinguishing* various elements ('distinguere', to prick apart, or to separate by marking with a prick), as though, in the process of lysis, those mental elements which, on loosening, appear to be relevant are mentally marked for synthesis. In line with this conception is the verbal root of *disappointment* ('dis-ad-punctare', against marking by a prick), in which the process of mental marking of elements is frustrated and leads to failure.

3. *Gathering* and *good* are connected in that both derive from the Indo-European root 'gad', meaning fit or suitable; i.e. that which is good is that which comprises good and suitable parts gathered together into one whole. The *art* of bringing relevant material together ('ars', fit) is that of the act of fitting. This notion of fitting or fixing elements together appears in many of the terms related to this phase of work: making connexions ('connectere',

to bind or knit together), bringing into *context* ('contextere', to weave together) and *synthesizing* ('synthesis', place together).

The *exertion* necessary ('ex-serere', to fasten or bind out), has to do with the putting together in such a manner as to get it out into active use, i.e. into consciousness and then into use in reality, or to force it out ('ex-fortis', effort), by means of *effort*.

As against these words associated with a putting or weaving or binding together in an organized form, *confusion* ('con-fundere', to pour together) has the sense of mental elements running together in an unorganized fashion, without patterning or plan.

4. These processes of analysis and synthesis (loosening and bringing together) of the contents of thought, are accompanied by differentiation and integration of the mental apparatus itself. The *differentiation* ('dis-ferre', to carry apart) has to do with the capacity to bring different parts of the mental apparatus and different mental processes into play, without destroying mental integration. *Integration* ('integrare', renew, heal, or repair, which in turn is from 'in-tangere', untouch, unharm), carries this metaphoric sense of undestroyed or left intact even though differentiated; the deeper psychological significance of this emerges in the fact that 'intangere' (Indo-European root 'dak', to bite or tear, from whence, e.g. the Greek 'dakos', animal of which the bite is dangerous), refers also to unharmed by eating, or untasted, an unconscious etymological connexion between mental integration and being undamaged by oral sadism.

5. The use of *decision* in the active sense of committed to action is given by its root ('de-caedere', to cut apart). The essence of a decision is that once it is taken, the person is cut off from the other courses of action he might have taken.

6. The relating of the sensation of *failure* in work to psychic mechanisms of self-deception is consistent with its derivation ('fallere', to be deceived—and deceive deriving from 'de-cipere', to take by causing to fall into a trap); in effect, the internal objects and split-off mental processes are trapped or ensnared as a defence against destructive impulses and persecutory anxiety. *Frustration* ('frustrari', to disappoint, and 'frustrus', deceitful) carries a similar connotation of being disappointed through deceit. That is, frustration and failure caused by a person's own inability are experienced in terms of paranoid feelings of being deceitfully treated, a projection of the cunning and deceit characteristic of paranoid-schizoid defences which frequently contribute to failure.

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DISCUSSION OF 'THE METAPSYCHOLOGY OF PLEASURE'¹

I. THE STRUCTURAL DESCRIPTION OF PLEASURE²

By

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A survey of metapsychological formulations with respect to pleasure and unpleasure shows certain gaps and inconsistencies in their description. This is due in no small part to the fact that the terminology for pleasure was introduced largely under the influence of the libido theory and was designed to fill the needs of depth psychology. Here the emphasis was on the erogenous zones and the economic aspects of the strivings for sexual pleasure. The terminology for unpleasure, however, was more selectively elaborated during the later evolution of structural psychology, with a corresponding stress upon the ego and its defences rather than the satisfaction of the instincts. An effort will be made in the present paper to indicate certain resulting problems of descriptive terminology and their conceptual background, as well as to suggest a structural description of pleasure which corresponds with that already in use for unpleasure.

Thus, Freud (11) describes the 'forepleasure' and 'end pleasure' of the male sex act as though it involved an autonomous discharge of 'sexual energy' that was independent of the sensations and reactions of the participating ego. The functioning of the ego was treated separately and in terms of 'psychic energy', which also had 'forepleasure' aspects. The latter concept was subsequently elaborated in other papers (8, 9) without further discussion of its relation either to sexual forepleasure or to psychic or sexual end pleasure. There is, indeed, reference to a 'greater pleasure gain' as the result of psychic forepleasure and to a fusion of psychic and sexual pleasures in the mature and love-directed sex act, but a systematic integration of the various aspects of pleasure as an experience is lacking. Indeed, the basis for such a systematization could not be

achieved until later developments in analytic theory made a more thorough study of the 'perception ego' possible and unified depth with surface psychology.

Even within the limited framework of the sex act, the term 'forepleasure' was not entirely satisfactory, since the implication might be (and sometimes was) drawn that the pregenital drives were not capable of producing 'end pleasures' of their own. Later, with the introduction of the second instinct theory, the previous differentiation between pleasurable satisfaction of sex and ego instincts could not be retained and the question of aggressive instinctual satisfactions required consideration (12). Moreover, it became necessary to describe and evaluate the relative functioning and contribution of the different psychic structures to the totality of pleasure and unpleasure experiences.

With the recognition that the pleasure principle was not the ultimate determinant of psychic economy but rather an instrument of the repetition compulsion, it would seem to follow that end pleasures themselves were flexible and evolving, not absolute and static signals of psychophysical functioning. Their signal function arises as a constantly maturing pleasure-unpleasure series which reflects the development from a primary process search for identity of perceptions to a secondary process dependence upon an identity of ideas as the condition for the achievement of rest. Forepleasures demonstrably acquire autonomous qualities and come to constitute new forms of end pleasure, as in the case of aesthetic reactions. In recognition of the complexities involved, Eidelberg suggested that the terms 'anticipatory' and 'fulfilment' pleasure might include and supersede the older

¹ 'The Metapsychology of Pleasure', by Raymond de Saussure. In: *Int. J. Psycho-Anal.*, 40, 2.

² Read at the 21st Congress of the International

Psycho-Analytical Association, Copenhagen, July 1959.

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distinctions between 'forepleasure' and 'end pleasure' (2).

While Freud did not set himself the task of re-defining pleasure in terms of these considerations, his comments on the structure of unpleasure provide a natural model for this purpose. The division of anxiety (as unpleasure) into the passive experience by the ego of tensions arising within the id and the active use of memories of anxiety as signals for the control of danger situations, should find their counterpart in a similar view of pleasure (i) as an experience by the ego of tension reductions within the id (discharge or fulfilment pleasures) and (ii) as signals of ego mastery (anticipatory pleasure): (cf. Eidelberg's characterization of anxiety as 'anticipatory unpleasure' in contrast to terror as 'fulfilment unpleasure' associated with narcissistic mortification (3). More recent concepts of the role of the ego in anxiety would invite corresponding formulations for pleasure (1,16).

Such a description of pleasure-unpleasure, however, finds the analyst confronted with terminological problems which have their origin in the history of psycho-analysis. The differentiation between sensations, feelings, and affects (emotions) had long been the province of academic psychologists concerned only with consciousness; with the advent of structural considerations, this became a matter of interest to the analyst as well. At first, as Rapaport points out, affects were regarded merely from an economic standpoint and were treated as charges of libidinal energy; later, they were conceived of as psychic representatives of energy discharges (feelings), and only in a third stage of metapsychological formulations were their functions as ego states granted recognition (15).

With the attainment of this third stage, the need presented itself for distinguishing between bodily sensations which represent affects and others which do not. The problem may be illustrated by the distinction between a sense of sweetness and a sense of oral satisfaction after tension. The one is related to the conflict-free reality testing functions of the ego, the other to the more general psychophysical changes which characterize the instincts. The sweet taste is more specific, more localized (as in the erogenous zones) and associated with objects; oral satisfaction is more diffuse and bound up with, if not actually a constituent of, the sense of self. It may also be noted that the latter has inherent points of affinity with the perception of anxiety (or its relief) as a signal for the determination of sub-

sequent behaviour. A sweet taste may indeed become unpleasurable.

The relationship between the specific and localized bodily sensation and an affective state requires further amplification. As early as in 'Three Essays on the Theory of Sexuality', Freud pointed out that sensations of pleasure (lust) were not directly connected with tension states, thus leaving a gap in the erogenous zone theory. In a discussion of 'psychic' pleasures, structural elements received further consideration in the form of a distinction between the pleasures obtained through the release of inhibitions and those that represented the free (and largely infantile) play of the mental apparatus (9). The mode of experiencing such pleasures was not investigated but apparently was related to the conditions under which the narcissistic pleasure ego was restored (8).

In 'Beyond the Pleasure Principle' (7), an advance in structural description was made when Freud tentatively distinguished between pleasurable and unpleasurable sensations associated with bound energy and those associated with unbound energy. In 'The Problem of Anxiety' (10), this was carried further into a distinction between bodily 'sensations' such as pain and the subjective aspect of affects, which were called 'feelings'. He further defined the relation between the two by tracing the development of pain into unpleasure. Through its persistence, pain may achieve the status of an instinct—an inner stimulus against which no defence can be offered. The persistent pain ultimately produces the same economic effect as an instinct and with it the meaning of a lost object that is cathected with longing. Thereby the lost object represented by pain—namely, a part of the body—becomes the narcissistic counterpart to the lost external object cathected in situations of anxiety and depression.

Nevertheless some conflict emerges between this view and the supposition that unpleasure is the more primitive mode of experience, while pain, as a discriminating form of perception, is a signal in the service of adaptive control. The resolution of this conflict suggests itself through the observations of Anna Freud, which indicate that during the first year of life the infant is as yet unable to distinguish between pain and unpleasure (5). The inference may be drawn, therefore, that pain sensations inherently contribute to and arouse feelings of unpleasure, but become separately distinguished only with the advancing capacities of the ego to localize and

master the different elements in a traumatic experience. Freud's description of the relation between pain and unpleasure would then become applicable if it were considered that as a result of persistent pain and the ensuing helplessness of the mature ego, regression to secondary narcissism and an undifferentiated pain-unpleasure state takes place. (The need for and the advantages of a distinction between pain and unpleasure are obliterated by descriptive terminology which, drawing largely upon considerations extrinsic to metapsychology, regards pain as an affect (17). This would fail to describe, for example, the ability of the masochist to convert sensations of pain into a signal for the discharge of unpleasurable tensions.)

Whereas the painful and the unpleasurable act in an 'evacuative manner' on the ego (10) and impel to projection, anticipatory and fulfilment pleasures are concerned with introjective devices that restore the missing object and with it the pleasure ego; (cf. Fairbairn (4), Lewin (14), and Szasz (17) for different approaches to this process). Thus the pleasure principle creates a two-fold streaming, a simultaneous hatred for the object of unpleasure and love for the object of pleasure. The successful resolution of the tension state so constituted involves in various proportions, distributions, and directive tendencies a fusion of aggression with libido in order to attain a state of rest; it is possible that certain pleasurable aspects of aggression are achieved in this way, i.e. through the concomitant or subsequent experience of libidinal satisfactions (13).

The same structural considerations which call for a differentiation between pain and unpleasure demand analogous separation of pleasurable sensations from pleasurable feelings. Here the analytic vocabulary is even less equipped than for the description of pain-unpleasure; the term 'lust' is too limited in its implications to fulfil the conceptual need for a pleasure sensation equivalent to pain. We propose, therefore, to distinguish 'pleasure sensations' from 'pleasure feelings' as terms most in accord with analytic tradition. The entire concept of erogenous zones, which occupies an uneasy place with respect to the conceptual modes of ego psychology, might be more readily integrated into the latter through the recognition that the erogenous pleasure sensations are localized signs which are related to the more general pleasure feelings (of the self) as pain to unpleasure or lust to genital satisfaction. The terminology of the first and

second instinct theories is usefully integrated by this formula and the need to separate the description of psychic experience from economic explanations more adequately recognized.

In 'An Outline of Psychoanalysis' (6), Freud was still pondering the need for a description of perception that would better suit the purposes of structural psychology. He proposed there that the term 'perception' be limited to stimuli from without and that 'feelings' be used with reference to stimuli from within. The latter in turn were to be divided into (i) cognitive and localizing 'self-perceptions' and (ii) 'feelings of pleasure and unpleasure' (p. 109). An advantage of the newer classification is the recognition that all feelings from within have a more compelling and self-related effect than perceptions from without. A disadvantage derives however from the fact that the ego in its fundamental essence is a 'perceiving ego' and that all the stimuli which impress themselves upon it are therefore 'perceptions'. Moreover the use of the term 'feeling' does not obviate the need to distinguish between localized bodily sensations and affective representations; indeed, even in the *Outline*, Freud interchangeably refers to 'sensations of pain' and 'feelings'. We would suggest, therefore, that the interests of clarity would best be served by distinguishing between (i) external and inner sensations; and (ii) between bodily sensations and (affective) feelings as varieties of inner sensation; both (i) and (ii) are forms of perception.

Perception itself is structurally layered. The *Outline* sets new problems in this area by suggesting the existence of perceiving activities within the id, a concept which is perhaps most readily reconciled with older views by positing the existence of primitive ego-id structures. It results in a certain anomaly that the id, in which perceptual elements are developed at most to a rudimentary extent, is nevertheless described as dominated by the 'pleasure principle', while the ego, in which experiences of pleasure and unpleasure are more finely differentiated, becomes the operating basis of the reality principle. This curious dichotomy arises of course from the definition of pleasure on the one hand by economic and on the other by experiential criteria. The dream wish—which provides much of the material for the concept of the 'pleasure principle'—does not actually seek pleasure (which, as in orgiastic dreams, interferes with sleep) but rather a state of rest achieved through a substitutive memory that wards off sensations

and feelings alike. If the economic 'pleasure principle' were more accurately designated as the 'tension principle', a source of conceptual confusion in describing 'pleasure' would be reduced.

Summary

1. Certain gaps and inconsistencies in the comparative description of pleasure and unpleasure are pointed out. The uneven development of analytic thinking with respect to these two concepts is discussed.

2. Clarity is sought by using the structural

model of unpleasure (as in anxiety) for a corresponding structural model of pleasure.

3. The problem of analytic terminology is then examined in relation to structural description. The consistent usage of the terms perception, sensation, feeling, and affect (emotion), as evolved by analytic tradition, is advocated. It is also recommended that the experiences of pleasure and unpleasure by the ego, which in fact become operative signals of the reality principle, be distinguished semantically from the economic concepts embodied in the term 'pleasure principle'.

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DISCUSSION OF 'THE METAPSYCHOLOGY OF PLEASURE'¹

II. THE PHYSIOLOGICAL VIEWPOINT²

By

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I feel privileged in having this opportunity to discuss Dr de Saussure's very interesting paper. The subject of pleasure and pain lies in the forefront of my present theoretical interests; and I wish to regard them from the point of view of physiology, since I have a strong belief that the understanding of the physiological substrate can clarify and sharpen our purely psychological psycho-analytic theories, our metapsychology.

We all know that Freud started out with an attempt at formulating his theories in physiological or neurological terms in the 'Project for a Scientific Psychology', to which Dr de Saussure refers in the first part of his paper. We know, too, that Freud abandoned that attempt, and for that we are grateful. If he had not abandoned it, he and his followers might not have discovered the tremendous body of facts or formulated the almost purely psychological and largely valid theories which together constitute the science of psycho-analysis. At the time when Freud was making his great psycho-analytic discoveries, there was very little neurophysiology for him to make use of for his theories. However, six or seven decades and two generations have passed since then, and I like to believe that neurophysiological knowledge has been advancing to a point where application of it can clarify some of our psycho-analytic theories.

I must confess that I would not be able to discuss Dr de Saussure's paper as a whole, because of what I feel to be a lack of systemization in it (or is it in me?). Therefore I shall merely try to discuss some of his points which are salient for my point of view, and then if time permits I would attempt to outline succinctly what I think to be the pertinent physiological and behavioural aspects of pleasure and pain.

The author refers to Freud's statement in the 'Project' that *inhibition* is indispensable to the

functioning of the pleasure, and subsequently of the reality principle. Dr de Saussure goes on to speak of inhibition as a specific instinct in its own right. Now inhibition is a neurophysiological mechanism of great importance in the nervous system; it is the opposite of excitation, and there is evidence that it is electrically the opposite and probably very different in its chemistry. I would not want to class inhibition as an instinct, just as excitation itself cannot be considered an instinct. I would suspect and I would hope that Dr de Saussure is here considering an aspect of what I like to view as the instinctual drive of *defence*, which I proposed in a short paper I presented at the 1953 Congress, published in the *International Journal of Psycho-Analysis*. Certainly the massive inhibition which we call repression is one of the most striking of the mechanisms used by the defensive drive, but we know that there are other mechanisms of defence and defensive measures (intra- and extra-psychic) which utilize excitation as well as inhibition.

When the author, in discussing the dynamic memories of the ego, points out that their cathexes can be either positive, facilitating discharge—that is, excitatory; or negative, maintaining a degree of inhibition—neurophysiologically speaking, inhibitory, my impression is that he is showing us an important and useful distinction. However, when he makes his simplified and generalized statement (which I think is on the right track) that positive cathexes lead to pleasure and negative to unpleasure, I believe he is making the same kind of error about causation as the one which Freud corrected in *Inhibition, Symptoms and Anxiety*. Just as Freud then realized that anxiety (a most important form of unpleasure) caused repression rather than the other way round, so we should see that pleasure leads to positive cathexes and un-

¹ 'The Metapsychology of Pleasure', by Raymond de Saussure, in *Int. J. Psycho-Anal.*, 40, 2.

² Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

pleasure or pain to negative or inhibitory cathexes, rather than in the reversed causal direction. I think this could be considered a partial statement of the pleasure-pain principle, or perhaps a corollary of it. But I do not want to pursue this further now; it would lead into a discussion of the relation of the pleasure principle to the reality principle, which would be rather off the track of today's discussion.

I must say that I like it that Dr de Saussure brings in a *repetition principle* (the principle of Freud's repetition-compulsion) as correlative with or as important as the pleasure-pain principle and its outgrowth, the reality principle. However, I would not agree that the repetition principle (which is perhaps nothing more than what psychologists have called 'habit') is more archaic than the pleasure-pain principle. Both principles are present throughout life, from its very beginning. The working of the repetition principle is continually modified by learning, and the modifications come about via changes in neural connexions within the central nervous system under the influence of the environment, the instinctual drives, and the pleasure-pain principle.

This brings me, rather ahead of time, to Dr de Saussure's discussion of the metapsychology of cure. He begins by stating that 'neurosis is an illness—a form of suffering, which disturbs the functioning of the pleasure principle'. I would rather say that neurosis is a miscarriage of the pleasure-pain principle. For neurosis has as its first cause repression, which is brought about by anxiety, a most important form of pain or unpleasure. Thus neurosis results from operations of the pleasure-pain principle—the pain (anxiety) which causes the repression and the seeking for pleasure discharges which constitutes part of the neurotic symptoms. But it is an empirical fact, established by Freud's researches and not yet understood physiologically or psychologically, that the unconscious and thus the repressed complexes (Dr de Saussure calls these repressed 'emotions') cannot be spontaneously modified by the learning process under the influence of the pleasure-pain principle. Thus the repetition principle usurps the primacy of the pleasure principle in the area of the neurosis, and 'treatment', as de Saussure says, 'is an attempt to restore the primacy of the pleasure principle'.

The psycho-analytic cure is brought about by the gradual overcoming of the anxieties which have caused the repressions and have been frozen into the various resistances. Anxiety is

overcome in the analytic situation through the atmosphere of tolerance, which fosters the development of positive transference feelings connected with security and sympathy. These positive transference feelings are pleasurable feelings, and this pleasure is essential for the diminution of the repressing anxieties, the resistance. We must agree with Dr de Saussure that 'in therapy it is not the satisfaction of pleasure which leads [directly] to recovery'. But it is the diminution and overcoming of the repressing anxieties which brings about the cure, the essence of which, as Freud showed us, is that the repressed pathogenic childhood drives can now become conscious and achieve various degrees of pleasurable discharge through being subject once more to the learning process under the influence of the environment and the pleasure-pain principle. These new pleasurable discharges of instinctual energy are not the cause of cure but the proof of cure, the new healthy state, which is essentially what de Saussure has said.

This brings me to the only point or guess which I would like to make about the pathology of pleasure, the subject of the final section of our author's paper. I would hazard the guess, which I have not tried to test out, that the various pathological guises of pleasure (such as those discussed by de Saussure) come about when the function of the pleasure is largely to combat or deny an important anxiety, which remains unconscious. This is in contrast to those transference pleasures (security and sympathy) which lead to diminution of resistance anxieties so that they can become conscious. But perhaps this is too simple a view.

I must now return to the earlier sections of Dr de Saussure's paper, and there is where the heart of the matter lies. I am particularly grateful to our author for reminding us that Freud, in 'The Economic Problem in Masochism', corrected his earlier formulations concerning the nature of pleasure and pain or unpleasure, namely that increase in tension leads to unpleasure, its decrease to pleasure; and 'The quantity of excitation at any given moment determines the quality of the feelings involved'. Freud's correction, as quoted by de Saussure, was as follows: 'There is no doubt, pleasure and pain cannot be referred to a quantitative increase or decrease of something which we call stimulus tension, although they clearly have a great deal to do with this factor. It seems as though they do not depend on this quantitative factor but on some peculiarity in it which we can only describe as qualitative. We

should be much further on with psychology if we knew what this qualitative peculiarity was.' I can add at this point that physiologists, too, do not know what this qualitative peculiarity is due to. They have found no difference in the input of impulses over the sensory nerve fibres between pain and non-pain or pleasure stimulation (the work of Adrian and Zotterman, I believe); and they have not yet discovered what processes it is in the central nervous system which bring about the sensory and behavioural differences between pleasure and pain, although there would appear to be some hope that something is to be found here in the physiology, whether based on anatomy or chemistry or both. I do not think this has as yet been investigated, though certain disparate anatomical nerve centres have recently been elucidated, as I shall try to bring to your attention in a few moments.

I want to point out that Freud in that later paper on masochism refers to an obvious observable contradiction, which we must all have noted, to his earlier formulations on pleasure and pain, namely that the great *increase* in tension in sexual excitement is felt as intensely pleasurable.

Now I suppose that I should, and really I would like to, discuss a number of Dr de Saussure's points in his section on 'The Study of Pleasure as Affect'—such as his linking affects to instinctual drives, in which I tend to agree with him; his considering pleasure as an affect, where I would prefer to consider that there are pleasurable affects as well as painful or unpleasurable ones; the relation between affective object pleasure and the pleasure in the satisfaction of needs, in which I would also include the need for protection against and relief of pain and anxiety; and the so-called 'new quality of pleasure' connected with the operation of the reality principle and the synthesizing function of

the ego, etc. However, I prefer now to cut the Gordian knot and to mention the oldest and (I think) the newest neurophysiological experiments which I believe cast important light on the essential difference (behaviourally) between pain and pleasure. Our metapsychology must consider this as part of its basis, just as Freud tried to give a psycho-physiological basis for differentiating pleasure and unpleasure.

The early experiments are those of Sherrington with the decerebrate cat, showing the extensor thrust reflex and the flexion reflex of the hind leg. The former is the model for the pleasure situation and the latter for the pain situation. In the extensor thrust, pressure stimulation on the footpad causes extension of the leg with a continuation and increase of the pressure stimulation and a continuation of the reaction of extension toward the stimulus. In the flexion reflex, the pricking stimulation of the footpad causes flexion of the leg and withdrawal from the stimulus and its discontinuance. I believe that these simple experiments give the essence of the pleasure and pain situations, no matter what complexities are added at higher levels of integration.

The new work is that of James Olds (now at the University of Michigan) and of Neal Miller of Yale University on self-stimulation in rat and cat through electrodes permanently implanted in certain definite regions of the brain, particularly the hypothalamus. A main point in the results of these experiments is the unmistakable indication that there is a separate mechanism for pleasure apart from the mechanism for pain, i.e. pleasure is definitely not merely the reduction of pain or unpleasure. This physiological evidence has a bearing on Freud's correction, in 'The Economic Problem in Masochism' (*C.P.*, 2), of his earlier formulations concerning the nature of pleasure and unpleasure, of which Dr de Saussure reminded us in his paper.

DISCUSSION OF 'THE METAPSYCHOLOGY OF PLEASURE'¹

III. EARLY EGO-DEVELOPMENT²

By

RENÉ DIATKINE, PARIS

Any discussion of the metapsychology of the instincts, and particularly of the metapsychology of pleasure, must take into consideration the fundamental transformation of human behaviour which occurs in the first year of life. It is greatly to the credit of the analysts who have studied this first year, and Spitz in particular, that they have shown how libidinal activity and object relationships are organized at this age, thus greatly enriching Freudian theory.

If we compare the behaviour of the infant in the first month after birth with that which it develops at the end of the first year we note several important facts. In the first month of life the human being has an instinctual behaviour comparable to the animal behaviour described by ethologists. A state of tension develops according to certain internal biological laws, and creates characteristic behaviour, such as a waking state, a largely periaxial hypertony, crying. A certain number of stimuli may provoke direction-finding movements of the head or lips, and sucking motions, and then, if the child's mouth is filled with liquid, swallowing occurs until enough nourishment is ingested to produce a 'state of quietude', with cessation of all sucking and swallowing, followed, at this period of life, by sleep.

This activity is characterized by its precise biological finality, and by the fact that it always corresponds strictly to certain definite levels of humoral equilibrium. The state of lack of satisfaction is a real state of need. External stimuli have, on the other hand, a value of their own. They are poorly differentiated (any object introduced into the infant's mouth will produce sucking movements), and are only effective during the state of need. Not only is sucking absent after the feed, but all direction-finding reflexes have disappeared as well.

We are therefore dealing with stimuli of an undifferentiated and discontinuous nature. This discontinuity and undifferentiation of activity is also found in certain animal behaviour. Thus, for many animals at certain periods of their lives, any female of the same species suffices to stimulate mating behaviour, however complicated that may be, whereas at other periods a meeting between them has no effect.

After the eighth month the setting up of object relationships implies a fundamental modification of structure, and Spitz is right in considering the totality of phenomena appearing at this moment as the 'second organizer' of psychic life. We may, in fact, define the appearance of object relationships as the fact that the infant, in all circumstances, reacts to the perception or non-perception of a privileged and always identified 'gestalt' (the face of the mother or mother-substitute). When the infant sees its mother's face, it shows signs of satisfaction which are a continuation of the phenomena of quietude provoked by the ingestion of food; the absence or departure of the mother may induce behaviour exactly comparable to that provoked by hunger in the first month of life. It is therefore justifiable to speak of an oral cathexis of the maternal object. We find here the two stages of orality described by Abraham, non-objectal and objectal. But it is impossible to overestimate the fundamental structural difference between these two forms of instinctual activity. The objectal cathexis is now dissociated from biological purpose, and is in no sense related to the internal humoral state: the infant displays an oral satisfaction at seeing its mother even when it is not hungry, and although her face is not a signal for the intake of food.

We consider that this transition from the discontinuous to the continuous, from the necessary

¹ 'The Metapsychology of Pleasure', by Raymond de Saussure, in *Int. J. Psycho-Anal.*, 40, 2.

² Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

to the useless (in the purely biological sense) is the salient factor in the first stage of the organization of the human psyche, in the strict sense of the word, and we believe that it is only from this moment that we can speak of pleasure, a word which shows that the satisfaction of purely biological need has been left behind. We believe that the moment when instinct is thus left behind is the moment of the formation of the libido, and that in spite of a common dynamic origin, it is to this extent different from other purposive biological activities, such as are observed by embryology, general biology, and ethology.

This gratuitous valuation of an object, linked as it is to human prematuration, is at the basis of all later complications of psychological life. By the displacement of cathexes it allows the development of cognitive activities. It endows man's genital life with its special characteristics, and commits him to a social life which is not limited as in most animal species to the needs of reproduction or the rearing of young.

We must, however, remember that certain species are capable of developing object relationships which do not lead to such a profound re-

organization of behaviour. The goose described by Lorenz is the best known example, but there are many others.

This special valuation of a 'gestalt' also explains the fact that the object can never provide a total satisfaction, since it can never play a truly alimentary rôle. In this sense it is possible to say that the primitive object relationship is essentially psychotic, and that it creates fantasies of incorporation, the first compromise between reality and the libidinal drive.

With Lebovici, Ajuriaguerra, and Garcia Badaracco, we have shown how one can follow the transformation of need or of pain into anxiety, an ontogenesis parallel to that which leads from pain to pleasure.

Although the development of the ego allows a regulation of pleasure and anxiety, we should not overlook the continuity of instinctual evolution and the fundamental importance of pre-objectal stages in the establishment of object relations, the culmination of a transformation which will affect the subject's whole life, even if, in analysis, we can only observe traces reflected in language and in the objectal world.

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ON BASIC UNITY¹

By

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I

In the analysis of patients whose transference manifestations are of a psychotic rather than a neurotic kind I have found two characteristic phenomena which I want to examine. One is a particular position which they attempt to force me to accept; the other is the supreme importance for them of body happenings, as shown in their acting-out—i.e. body memory.

These patients are people who cannot in any circumstances take survival for granted. There exist in their memories experiences of something which we must really regard as annihilation; in many cases there has been in early infancy some actual threat to life—illness of the infant, or mother, hostility in the environment, etc.

They have been variously described; objectively, as suffering from, e.g. a 'basic fault' (Balint, 3) or 'psychological catastrophe, or disaster' (Bion, 4) and subjectively, by themselves, 'I am cut off from my roots', 'I have a fracture-dislocation'.

Their insistent, prolonged, and exhausting efforts to repair this condition have been described by a number of writers as attempts to establish a 'symbiotic' relationship with the analyst, but I think this use of the word is a misleading one. In my experience it is not a state of symbiosis that the patient seeks to establish, but rather one of total identity with the analyst, and of undifferentiatedness from him.

Some clinical illustrations may help us at this point.

(i) *Miss E.* told me that, when I first went to the hospital where she was, in place of the doctor who had been treating her, she had thought to herself 'Here's a new doctor; she wants a patient'.

At first sight this could be seen as a piece of realism, and secondly it can readily be understood as projective identification; it was in this way that I

interpreted it to her, and she accepted my interpretation. Only after many years of analysis did I come to recognize that it had meant much more than that, and that although she accepted the interpretation she could not really use it. She had understood my need of a patient and her need of a doctor to mean absolute identity of person between us; her acceptance of the interpretation also meant identity of person, as did my acceptance of her for treatment, whereby I tacitly confirmed her in her belief, asserted that I too believed it, and was therefore, once more, one with and inseparable from her.

This patient's breakdown had followed a threat of separation from her sister with whom she believed herself, in a delusional way, to be identical. Her recovery has been based on this delusion of total identity with me, which has had to be gradually broken down, as far as factual reality is concerned, while the psychic reality of it has had to be preserved with the greatest care. I will refer to the technical aspects again later.

(ii) *Mrs M.* was referred for psychotherapy, as being 'very ill mentally, with various psychosomatic symptoms; if not treated she may develop a serious physical illness and die'.

She was unable to lie on the couch. She found great difficulty in keeping her appointments, because she lived a long way off, and had a little girl aged seven. Although the sessions were arranged to fit in with the child's school life *Mrs M.* started bringing the child with her, and then tried to get her husband to come too.

She painted three portraits of me, all of them with large dark eyes, like her own; and she told me that her mother, whom she was said to resemble, had also had them. I drew her attention to the eyes in the pictures, and asked if she thought mine were really like that. She looked intently into mine, and said 'But that's how your eyes are'. (I would contrast this with a neurotic patient who got up off the couch, after spending an hour talking about my white hair, and laughed at his picture of me.)

Mrs M.'s mother had died when she was born, and her father had laid her beside her mother's dead body,

¹ Expanded version of Paper read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959. Read at a Scientific

Meeting of the British Psycho-Analytical Society, November 1959.

'so that she would have known her, at least for that time'. She drew me a picture of this episode, so that I would also have known her.

She gave me enormous bouquets of flowers, usually white ones, circumventing any attempts on my part to understand the unconscious significance of the gifts, and at Christmas she brought me a large card, with a picture of a cat, and the caption 'From one cat to another'.

After a few weeks of treatment she left her husband and child, and took a flat where she expected me to live with her. When she found that I did not she interrupted her treatment altogether, and found a lover. He stayed only a few weeks, and shortly after he left her she went into a sanatorium suffering from tuberculosis.

I did not analyse Mrs M., but I came to understand something about her through work with other patients.

I have described elsewhere (10) as 'delusional transference' this tenaciously held, absolute belief in the analyst's total identity with the patient himself, and with his parents, both deified and diabolized (i.e. having magical qualities, good and bad). It also extends to everyone with whom either the patient or the analyst has any relation; in effect, it extends to the whole world, both of people and things, of thought, sensation, emotion, and movement. The state of total undifferentiatedness I have called 'basic unity'; it is, actually, a delusion, but a valuable one, and as I shall show later, it is founded in certain factual realities, of whose memory it is the psychic representation. It is also a state to which the patients concerned apparently need to regress, in order to repair the 'basic fault' or psychic 'fracture-dislocation', i.e. to find their psychic roots.

This unconscious delusion, of course, only exists in certain areas of the patient's psyche, otherwise he would be totally insane; in other areas he is well aware of the reality of the analyst as a different and separate person from himself and from his parents, and non-magical; and this awareness of the reality is used as defence against the delusion. This use of one reality against another is, in fact, the most difficult of the defences to penetrate, because giving it up exposes the patient to acutely painful states of increasing depersonalization, which are experienced as chaos or annihilation.

The fear of annihilation, however, is dynamic and all-pervading, and therefore governs the patient's reactions and his behaviour, both in relation to the analyst and to his environment. This fear, and the drive to establish identity with

the analyst, lead him both to avoid these states of depersonalization and undifferentiatedness, and at the same time to seek them, at any cost to himself or to the analyst. By reason of the life-and-death quality of the patient's experiences, his concrete thinking, and inability to make deductions, and the fact that events belonging to earliest infancy are being lived out in a grown-up body, these phases of the analysis contain a large element of actual danger (suicide, death, or attack upon someone, often the analyst), which calls for great care in the management of the case. In fact, the management becomes a vital part of the analysis itself, psychically if not actually, and the body events may become the interpretations. Verbalization then becomes the second stage in a two-stage process, both stages being necessary for real insight to be attained, but the second being only effective as a result of the first, i.e. of the body happening.

These states of depersonalization appear temporarily in the course of the analysis of a transference psychosis as states in which, psychically, nothing is differentiated from anything else; there is apparently awareness of one thing only, distress or pain of an overwhelming intensity, such that all else is annihilated, including any sense of being a person, even that of being a person suffering. Discharge, and consequent differentiation, comes through some body event—a movement, a scream, salivation, etc.—by means of which some kind of bodily contact with the analyst occurs. Through repetitions of such events the patient comes gradually to recognize the difference between his body, his sensations, and his emotions, while those of the analyst are discovered as separate from his. The event has concerned two people, and the patient discovers himself as a person who has moved, screamed, etc., in relation to another person, whose separate existence, experience, movements, and responses can also be recognized. The delusion breaks up, recovery begins, and relationship becomes a possibility.

The importance of these body happenings lies in the fact that in those areas where the delusion is operative the patient is to all intents and purposes literally an infant, his ego a body ego. For him, in these areas, only concrete, actual, and bodily things have meaning and can carry conviction. These areas are separated off from those where deductive thinking, inference, and symbolization operate, but not through splitting mechanisms. The 'basic fault' is a failure of differentiation and integration, splitting being an

ego activity belonging to a later stage of development.

What appears to happen in these patients through their states of frenzy and depersonalization is a process of alternating differentiation and integration in which a kind of *first awareness* or discovery is experienced, which might be regarded as 'personalization'. The person can then go on to 'reality testing' later, in connexion with verbalization.

This 'first awareness' is often a first awareness of the body, or of some part of it, for these patients behave as if the body were only some kind of appendage to which they happen to be linked, which is more a nuisance than anything, and not an essential part of the self. The body is thrown around, in unawareness of sensation, function, or purpose, like that of an infant, and surprise is expressed when these things are found.

The quality of this first awareness has led me to understand the body happenings to which I refer as relating to body memories of pre-natal and earliest post-natal life which have not been assimilated. It seems to me that in these patients there is a discontinuity between those earliest body memories and later experience, and that this discontinuity must be repaired before survival can be taken for granted. Only when this has been brought about can certain other processes follow, one of which is the development of the pleasure principle, for pleasure is not a reality, and can have no meaning, except in survival.

I would like to illustrate what I am meaning by talking about a lump of plasticine.

A lump of plasticine is homogeneous; it may have shape perceptible from outside, but not from within. Outside, it may in fact be related to other objects, but it takes no account of them; within itself it is nothing other than itself. A piece of it may become protruded, or nipped off, formed into another shape, and stuck on again—i.e. assimilated back to the lump, but differentiated from it, retaining its new shape or character. Here is the beginning of differentiation and integration, and of creation. The basic unity of the plasticine is first broken and then restored; there is coherence and stability, and a fresh place to go on from, but the essential nature of the plasticine (its *φύσις*, in the original meaning of the Greek word) remains unaltered.

In speaking of the undifferentiated state as it appears in the analysis of adults I mean such a 'lump of plasticine' state; one to which the patient has needed to regress in order to come

forward again by means of new differentiation and the assimilation of new experience, finding and extending his basic unity. (This state of undifferentiatedness may of course be used defensively against the recovery of repressed memories and ideas, but this is not what I am attempting to discuss here.)

The analogy with the lump of plasticine can be strained too far, but I am using it to show the difference between a very early state, where psychically, the patient-infant is, so to speak, a lump of plasticine, and a much later one, where ideas of inside and outside, or 'me and not-me', have begun to develop. He may then believe his whole inside to be full of homogeneous plasticine-like stuff, which he can imaginatively put outside himself, filling the whole world with it. In this earlier state nothing exists but himself; it is a monistic state of auto-erotism, or more accurately perhaps 'pan-autism', by which I mean a state in which nothing but the self exists.

Ideas such as projection, introjection, identification, subject, or object can have no meaning in relation to something totally undifferentiated, except from outside it. Differentiation comes about through movement, contact with the outside world (discovery), and assimilation back to the lump, or integration. At this point 'auto-erotism' may begin to change into narcissism, narcissism being by definition concerned with the self as both subject and object.

I am thinking here of a passage in Freud's paper 'On Narcissism' (8):— 'We are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed. The auto-erotic instincts, however, are there from the very first, so there must be something added to auto-erotism—a new psychical action—in order to bring about narcissism.'

In my view this 'new psychical action' is the beginning of the rhythmic processes of differentiation out from the primordial undifferentiated state, and integration, or assimilation back, of the differentiates. When these processes are disturbed narcissism fails to develop, auto-erotism (or 'pan-autism') remains, and ego development may be seriously impaired, with grave risk to the psychic life of the individual.

As far as objective reality is concerned, I would repeat, this undifferentiated, 'pan-autistic' state is a delusional one, and it remains unconscious until it is uncovered in the analysis; no patient is in fact an infant, or wholly undifferentiated, and the delusion, although accepted as

true for the patient, is not shared by the analyst (unless, unfortunately, he has something of a counter-transference psychosis).

It follows, then, that in the patient's delusion, patient and analyst are one and indivisible, identical and continuous, and without differentiation either within the entity, or between the entity and anything in the outer world.

II

I want now to consider the primordial state of the foetus in intra-uterine life. There is at this time a unity with the mother which is broken up by the birth process. Up to the time of birth, although the foetal circulation is distinct from that of the mother, the mother's respiratory, digestive, and excretory systems are functioning for both, i.e. for the entity.

The foetus is in fact wholly dependent upon the mother, without whom it could not continue to exist. The mother, of course, is not dependent at all upon the foetus. The state of affairs, then, more resembles a parasitic one than one of symbiosis, but to look upon it in this way is to do so from outside rather than from inside. From inside, as it were from the point of view of the foetus, it is a state of unity, or absolute identity, between foetus and mother.

This intra-uterine state, with its continuity with the mother, provides the infant with the stability which is needed at the outset of life; and the total birth experiences, and those which immediately follow, seem to set the pattern which tends to persist. At birth the first major contact with the environment is experienced, and it appears that only if something near enough to the intra-uterine state is re-established, and maintained long enough without further disturbance, can the experience be assimilated (i.e. linked with pre-natal body experience) and become a useful one. Assimilated, it can lead on to further differentiation and integration; it can be psychically elaborated and become creative, not disruptive. It becomes in any case a point of reference for every subsequent experience.

That is to say that every subsequent experience tends to become psychically *either* a restoration of the undifferentiated state, out of which differentiation and integration can safely occur, *or* dissolution, bodily dismemberment, and chaos.

'Return to the womb' has been thought of as something universally desired, a state of bliss and absence of demand; and it sometimes happens that a patient who regresses in analysis is looked down on, and thought of as lacking in some-

thing positive, that is of value for life. In my experience this view is mistaken. The matter of psychic return to the undifferentiated state (or rather of finding again still existing areas of undifferentiatedness), basic unity, is a matter of life and death—psychic, if not bodily, life or non-life, and new integration between the psyche and the soma depends upon it. The regression is in fact extremely painful and frightening.

Certain realities of the analytic situation can be used in building up the psychic unity between analyst and analysand. For example, it is a fact that analyst and analysand are parts of one another's lives for the whole duration of the analysis (which concerns both) in an inseparable way. One room and one hour serve both together, as an entity; and there are times when one of them thinks, feels, or acts for that entity, rather than for either as a separate being, or even for both as linked together.

The entity is, of course, an imagined one, whose reality for the analyst is limited, and different from that of the analysand, who seeks to make it actual. If it be recognized and accepted imaginatively by the analyst it means that he goes the whole way with the analysand psychically: if not, there is repeated failure to reach the basic unity, repetition of original failure, and repeated hopelessness, out of which nothing comes; the analysis drags on to eventual failure, either in abandonment, or in pseudo-success which is only a papering-over of the cracks.

III

In this next part of the paper I am concerned with questions of analytic technique. The underlying principle I have already stated; it is that of acceptance by the analyst of the truth *for the analysand* of his delusion of absolute identity between them, his entering into it, and demonstrating both its psychic truth and its objective untruth.

The presence of delusion makes necessary the use of certain extensions of ordinarily accepted technique, and I want here to gather some of them together.

(i) Analysis of transference psychosis can only be carried out in regression, and regression to dependence for life (though this does not mean regressive illness in every case). Where ordinary conditions are not enough, some adaptations may be needed to make analysis possible, such as hospitalization, the analyst visiting the patient, altering his room or his time-table, interviewing relatives, etc.

(ii) Those who look after the patient (in factual reality) become psychically not only extensions of the analyst, but identical with him. At times, at least momentarily in the sessions, he takes over (in the delusion) being various aspects of the patient, his ego, his fear, his love, etc., sometimes, even, his body, or part of it.

(iii) In the areas where the patient cannot use inference, analogy, symbolization, or deductive thinking, realities that are actual, concrete, and bodily are used, in order to show the unreality in fact of the delusional ideas. These things are linked secondarily with words, which bring them into relation with those other areas where the delusion does not obtain.

I am speaking here of such things as answering questions, touching or being touched by the patient, or using objects as if they were the things they represent ('symbolic realization', as described by Mme Sècheyay (11)), or direct use of the analyst's own emotions. These have been regarded as dangerous, or in some way destructive of the analytic situation itself, but in my experience this is not true. It is true that a much more 'fluid' situation is produced by using them, and that this may provoke much more anxiety in the analyst, but that is a different matter.

(iv) Interpretations are not all verbal. I spoke earlier of a two-stage process of interpretation, in which the first stage is non-verbal, the body happenings or objects becoming the actual interpretations, whose result is discovery; the second being verbalization, out of which come reality-testing and insight. It is as if one were dealing first with a psychotic and then with a neurotic layer, though the transference phenomena remain at a psychotic level until both stages have been passed.

(v) In adapting to the needs of the individual patient in this way, the analyst is limited only by the limits which he finds in himself, or in his patient. There can be no 'Absolute' or 'Canon' of analysis, or of any particular technique, only the application of the fundamental rule must be allowed to become flexible and extensible.

Limits are in fact found, and there is no occasion for the fear that if once a patient is allowed gratification in a regressed state there will be no end to it. In his regression the patient is, psychically, an infant, and infants do need gratification and *are*, frequently, satisfied. It is necessary to remember, and to acknowledge to the patient, that it is not possible to satisfy fully his infant needs in his grown-up body, and that

even if it were, it would be at a cost to his mature self, which would be offended; but this very acknowledgement to some extent offsets the lack of satisfaction, and is itself a gratification that he can use, when it is combined with the partial bodily satisfaction.

The finding of these limits actually depends upon the unity which does exist between analyst and analysand. It is a difficult thing to describe, but once it has been experienced it becomes understandable.

If the analyst is sufficiently one with his patient psychically, he experiences him, at times, as himself, or himself, at times, as the patient. But because of his unity with himself he also experiences what he says or does to be himself. 'What I do is me; what is not me I do not do', and 'I do this, here, now, with this patient; I do not do it with him at another time, nor ever with that other patient'. It is a part of owning himself, for the patient is his work, and his work and actions are himself.

Conversely, there are points at which the patient experiences the analyst as himself, or himself as the analyst, and, accepting the analyst's unity unconsciously as his own, will find a limit which the analyst then recognizes as appropriate to himself.

(vi) These extensions serve the limited and specific purpose of the analysis of delusion, and their use for this purpose is founded in, and inseparable from, classical technique, of which it is a logical development. Without such foundation it would be merely 'wild analysis', or something mystical, and truly dangerous.

For a longer or a shorter time the analyst (or some psychic extension or part of him) is all that stands between the patient and death, and at some moment he has to stand aside and allow the patient to take his life into his own hands, separating himself out from the entity, integrating with himself, and becoming either a living human being, a person, or a corpse. The analyst can do nothing but be there, a whole and separate individual, with his own unity which he has made available to the patient.

From this moment the delusion breaks up from inside, as it were; the adaptations are gradually discarded, and verbalization increases. I would like to remind you again here of Freud's description of the break-up of a delusion, in his commentary on Wilhelm Jensen's story 'Gradiva', entitled 'Delusion and Dream' (7).

The outcome of the analysis of a transference psychosis is that the analysand finds and retains

a psychic unity with the analyst, while establishing a true separateness from and independence of him. Once this comes about he becomes capable of forming mature relationships, and of carrying out his analysis within himself.

IV

In my last section I want to say something about the implications and applications of this idea of basic unity, both in the analytic situation, and as we find it in ordinary life, as a normal and as a pathological thing.

It is of course more obvious as a pathological thing. As regards analysis—here is another piece of clinical material. I know that it can be taken in several different ways, but I am asking you to consider with me only the one aspect, that relating to the earliest level of development, the level that is preverbal, existing before object relations are developed, where body experience is all-important; any kind of differentiation is only just beginning there, so that it is also pre-ambivalent and conflict-free.

'I find I haven't told you something, and that it's because I thought you already knew it', says *Rosemary*. 'It's so much easier to talk to you when you aren't really there than when you are.'

Rosemary has never sorted herself out from her sister Joyce, who is two years older. All childhood happenings, ideas or feelings are told of the entity 'we'; ('We did this, We hated that'). She and Joyce are indivisible; she 'never feels a person', but is often 'two people', and sometimes 'half a person'. At the beginning of a session she frequently doesn't 'know how to begin'.

Three months after starting analysis, on her way to a session with me she went into a big store to buy food, to entertain a favourite aunt who was visiting her. She collected some things, as much as she could hold, and then put into a string bag on her arm a bar of chocolate and a box of small cheeses. She paid for everything except these, which she forgot. On leaving the store she was stopped by the store detective, who accused her of stealing them. Police were called; she was taken to the police station and locked in a cell for some hours, while her identity was checked. Next day she was charged in the Magistrate's Court, where she appeared without a solicitor, and was remanded for a week.

It never occurred to her to say that she was in treatment, nor, although she asked to be allowed to telephone to say that she had been prevented

from keeping her appointment, did it occur to her to let me know what was happening. Several days elapsed before I knew.

Her movement, putting out her hand to take me (in the non-human form of cheese and chocolate) brought her up sharply against the environment, society, and the whole machinery of police, court, etc., and this interfered with the assimilation of the movement. The chain of events that followed effectively disrupted a process that was just beginning in her, and so repeated the happenings of her earliest infancy. They represented all that she most dreads and is constantly expecting.

Rosemary has not yet differentiated her mouth out from the rest of herself, or herself from her devouring surroundings. She suffers from anorexia nervosa, and she describes herself as 'cut off from my roots'.

At the time of her visit to the store Rosemary was functioning separately on at least two different levels, and I am understanding the separateness as being due to a failure of fusion, rather than to the action of a splitting mechanism. There was a person, who could choose and arrange a meal, which she would provide for another person for whom she felt affection. This argues both a high degree of differentiation and organization, and the existence of object relations. At the same time, on the earliest level she was not yet differentiated out from her environment, or aware of its existence. She was an infant, in whom a movement happened which should have been creative, leading to differentiation and integration, becoming an assertion or statement of herself. But the movement was met by the environment in such a way as to bring about disruption instead.

Although to all outward appearance she was entirely composed and self-possessed, and gave her evidence in court simply and clearly, it was a matter of years before she could talk about this episode, and verbal interpretations given at that time brought no response. When she did finally talk about it it became clear that the only things that had had any reality for her were my presence in the court and what I actually said and did on her behalf; and it was important that the magistrate in discharging her said 'I believe your doctor when she tells me that you are ill', and not 'I believe you when you tell me that you did not steal.'

Some months later she told me of the only time she had stolen in childhood. Joyce was ill, and Rosemary (*aet.* 11) did not even know

whether she was alive or not; nobody told her, and she could not ask; the separation was absolute. Rosemary was sent to stay with this same aunt. In a shop she saw a little shell purse lined with red silk; she took it and kept it secretly for years, always feeling guilty, as if she had committed a murder.

Last year I was away from her for some time, and I was very doubtful whether she would kill herself, or get ill and die. I lent her a book of poems by Walter de la Mare. Some time later she told me with great difficulty that two years before that she had found a poem in a magazine in my waiting room; some of the words 'seemed to belong to her', and she had cut it out and kept it. When she showed it to me I could see why it had so much meaning for her, as the shell purse had had.

Throughout her analysis she has continued to be paralysed with terror, and unable to find any starting-point other than something happening in me. She will clutch my hand, and I speak of it as showing me this terror, and relate it to material of the previous day, or of other occasions when she has done the same. Only when I point out that the pressure is so great as to be painful to me, or that my fingers have 'gone dead', can she begin to talk. Her silence and immobility can remain total for weeks on end, and only when I show signs of life in some explicit way (for anything merely implicit is useless) can she begin to tell me what has been going on. It was a matter of amazement a short while ago to discover that the person to whom she talks when I am not there does not reply, for it is herself, and not me; also that her own part in some of the childhood games is clearly distinguishable from that of Joyce. Her 'We' is beginning to break up.

At last I have begun to find something of how her analysis can perhaps be done. She is beginning to talk comparatively freely, and to feel a person; and the analysis is becoming steadily a more ordinary one. I may add that in the outside world she does not give the impression of being a schizoid or withdrawn personality at all.

In the light of this idea of absolute identity between patient and analyst I think we have to reconsider our ideas of such mental mechanisms as projection, introjection, condensation, displacement, and all that Freud included in the term 'dream work'.

I spoke earlier of the analyst who experiences the patient as his work, and his work as himself.

It is like the poet, who speaks of 'my love', meaning both his loved one and his own emotion, which is himself, and we can see here how what we have considered to be condensation becomes instead a regression to the primordial undifferentiated state. Similarly, in the first clinical example I quoted, what appeared to be projective identification turned out to be an assertion of absolute identity with me.

For this same reason, that to them everything is one, patients who show a transference psychosis bring dreams whose latent and manifest content are the same.

I have said more about the need to reach the basic unity than about the fear of it, though I have mentioned this. Fear of the idea arises from its very nature, for the point of unity is also the point of annihilation; it is the point of paradox, or chaos, or absolute ambivalence, where opposites are simultaneously the same thing and utterly different. It is not only the analysand who experiences this anxiety; the difficulty is shared by the analyst, whose task of being simultaneously absolutely one with, and separate from the analysand; deeply concerned (or engaged, to borrow Dr Fordham's (6) expression), but not involved with him is so difficult already. This fear results in abhorrence of the word delusion, and in rigid adherence to verbal technique alone.

I am postulating that a universal idea exists, as normal and essential as is the Oedipus complex, which cannot develop without it, an idea of absolute identity with the mother upon which survival depends. The presence of this idea is the foundation of mental health, development of a whole person, and the capacity for holistic thinking. It is to be found not only in the delusions of the mentally sick, where it takes the form of transference psychosis, but also in the sane and healthy.

The most obvious and immediate example is here, right now. You and I can only understand each other in so far as we possess a unity which is a psychic reality, to which temporarily we unconsciously regress. This is how empathy works. The finding of agreement, or consensus of opinion between individuals or in any group, depends upon it; in turn agreement strengthens unconscious belief in survival, and so provides the necessary security for tolerating differences and disagreement elsewhere.

Contact or communication between the artist and his public depends upon the presence of, and regression to, this unconscious delusion in both;

for to the artist his creation is his work, is his feeling, is himself; and to the hearer or the viewer what is heard or seen is *his* feeling, is his response, is himself. So each psychically *is* the work of art, and *is* the other.

Other manifestations that I would regard as normal can be found in such things as provision of school uniforms, existence of the flag as a national symbol, and the behaviour of gardeners who give each other plants, until their gardens contain the same things but still remain essentially different.

Where the basic unity has *not* been established, either in infancy or through analysis, annihilation anxiety persists, and unity will be sought, and avoided, in such things as ideologies, organized religions, secret societies, folies à deux, etc.

I have not the space to go into this in detail here, but it seems to me that in *Group Psychology and the Analysis of the Ego* (9) Freud has talked

about this very thing, especially in his reference to organized groups with a leader.

The relationship between the members of the group is an attempt to deny separateness and difference, while the relationship between the members and the leader simultaneously asserts it. These groups are largely concerned with self-preservation, i.e. with survival, but the price of that survival is loss of individuality. Juvenile gangs of various kinds are largely composed of members who feel not only that their existence is precarious, but that it is not real, and that the only certainty is annihilation.

Organized religion offers a defence of a kind against the death that is the certain fate of the isolated. Those who use such a defence but cannot submerge their individuality enough seek in such things as mysticism or pantheism to lose their identity in 'mystical union' with the 'Wholly Other', and to find survival in a life that is merged with that of the Cosmos.

THE PRE-OBJECT UNIVERSE IN THE TRANSFERENCE SITUATION¹

By

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It is a truth well known to all psycho-analysts that man is motivated by two fundamental and opposing drives; one, the positive, urges him towards love, unity, construction; the other, the negative, incites him to hatred, separation and destruction. These opposing needs may be either blended, or pursue a parallel track, in one and the same individual, unless one need replaces the other, as will be pointed out later by one of the authors, when dealing with depressive states (11). Furthermore, these contradictory aspirations become apparent in the transference situation, where they reproduce the harrowing experience imposed by their alternation at a time when subject and object have already been differentiated.

It sometimes happens, however, that in the course of analysis we reach a deeper, more secret and unchanging level of the psychic structure, characterized by an intense need for absolute union, at which the individual appears to desire nothing better than a return to the original world, *in which there was, as yet, no separation*. It would seem that fear, mother of all human ills, first started, in this type of patient, with the feeling of separation, and that he retains both a burning desire to recover a state of union, of peace and plenty—the pre-object state *par excellence*—and a profound wish to be at one with the object, to be in some sense fused with it.

Philosophers of every epoch have recognized this fundamental human need for union, each interpreting it according to his own vision—whether in the immemorial Chinese philosophy of Lao-Tse, or in the pre-Socratic philosophy of Heraclitus or in certain well-known Platonic myths, without mentioning Bergson and many others. And if we pass from philosophy to religion—and the word ‘religion’ itself derives from *re-ligare*, to tie and thus to unite—every-

where we find an outpouring of this eternal desire for union. The great mystics are said to experience this perfect union in the privileged moments of ecstasy. In them the desire for fusion leads to a negation of the ego, which loses its autonomy: the ego is rejected as the enemy which opposes the union between the self and the other.

Leaving aside these exceptional experiences, these exceptional destinies, let us accept that the same aspiration, muted, stifled, and repressed, exists in all men without their knowledge: it remains buried and unknown in the recesses of each individual psychic structure. However, the technical conditions of analysis and the analytic situation proper often implicitly invite the patient to relive not only all that he has already experienced and then forgotten, but also all that he may have *wished* to experience but have been unable to achieve. This is true of the fundamental need for union which has, perhaps, its origin in something earlier than what we normally call a lived experience.

The state of perfect union with the object which, no doubt, precedes birth and disappears afterwards little by little, is an experience which leaves no trace even in unconscious memory as we normally understand it, yet, beyond that unconscious memory, it stamps every individual with its indelible mark. Union-separation—two moments of which man is all the more painfully conscious in that he has, as it were, an *organic* awareness of their opposition. That is why, unless one is careful, some patients, admittedly few in number, whose psychic structure it is not always easy to define, react to the analytic situation by such a profound regression that they revert to its most archaic form. They seek that state of total union in which both desires and needs disappear. Now it is these

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² Translated from the French.

desires and needs which are a source of excitation in man, and hence of tension, leading to a state of unsatisfaction, if not of suffering. The state of union sought by the patient, which alone can bring him peace and a sense of well-being, drifts little by little into becoming a return to the original undifferentiated state, in which no tension can exist.

We should, however, make it clear that the patients we are talking about are neither psychotics nor para-psychotics; it is noteworthy that this intense need for union appears to lack all trace of primitive aggression, such as oral aggression, as is found in the aggressive introjection of the object by the melancholic. In this type of patient the ego, in spite of its protective function, is precisely the element that separates the patient from the other. The ego, therefore, is practically dissolved in the analytic situation and the patient reverts to the period in which the possibility of life and survival depended on a perfect fusion with an environment not yet recognized as something different from himself. The first separation occurs at the moment when the environment is felt to be effectively different from himself. It would seem that for patients of this very special type, the emergence of the ego functions has been experienced as a new birth, hence a new separation. If the psycho-analyst has not been able to stem this headlong regression at the right moment, or to check its expansion, the patient reaches a point at which any intervention, being necessarily addressed to the ego, is rejected as such. The patient refuses to accept this relationship *à deux*, which is felt to be a renewed separation from the object, and therefore a fresh wound.

It is difficult to describe this situation clearly in brief, but it is evidently incompatible with analytic work, and the treatment deteriorates into an analysis without outcome. We have therefore thought it useful to invite attention to this somewhat unusual and insufficiently appreciated aspect of the analytic relationship. The analytic situation is, in fact, designed to encourage the patient to sidestep the defensive activities of the ego. Regression compels the patient to abandon the most carefully elaborated ego structures, and thus to re-enact a certain number of primitive experiences, preceding the formation of the ego and the setting up of object relationships.

Man is the only living creature to be born incomplete. The neuro-physiological prematurity of the infant makes it a dependent creature that

has arrived too early, and hence the vital necessity of close union with the mother, a natural prolongation of its intra-uterine existence. In the early neo-natal period the role of the mother is so important that there is no exaggeration in saying that there is an organic continuity between intra-uterine existence and the first months as a suckling.

During the regressive stages of analysis some patients will be tempted to renew this primitive relationship to the mother, a global, undifferentiated relationship, more akin to a biological than to an object link. This nostalgia, revived by the analytic relationship, can hardly be considered an authentic transference situation, in the usual sense of the word; that is to say, it is not a past experience re-experienced in the present thanks to the analytic process. We agree, of course, that the dynamic of transference, in the strict sense of the word, is drawn from man's perpetual search for object relationships and the subsequent cathexis of libido on to the object. But the analytic situation as a whole goes beyond the elementary dynamic of transference perhaps to include the original, primitive experience of Being and to express its essence. From this point of view it is legitimate to describe the analytic situation as an ontological experience.

The biological prematurity of the infant leads to a deep sense of insecurity and affective incompleteness. The individual thus endeavours, in the search for an object, to find a reassurance that is always precarious. Union with another seems to be a fundamental necessity in man. It is, of course, out of the question to extrapolate from this situation, and to conjure up visions of a foetal world bathed in beatitude. What can, however, be said is that everything happens *as if* fusion with another were the response to a fundamental need.

If we take the experience of certain patients during their sessions, we find that sometimes the analyst's words seem to be a duct of some alimentary system, suggesting an almost anastomotic link between subject and object; at other times any interpretation is resented as setting an intolerable distance between the two, and constituting a rupture of union. This suggests very strongly the idea of a primary bond, a state of indistinction in which the subject is confused with the object in an undifferentiated unity. It would seem that the nostalgic longing for fusion was born of the primitive insecurity which can only be overcome by the link with the mother.

This primary need will never be entirely outgrown and the individual will live as if he had been *rendered incomplete*. This might also provide a wider interpretation of the Platonic myth to be found in the *Symposium*. It then appears as if this rupture of primitive unity and the withdrawal of the object, abandoning the subject, were insurmountable. It will be experienced as the loss of such an essential part of the self that all further development will be characterized by a sense of *radical deficiency*.

A consideration of all these aspects of the problem suggests that the breaking of this deepest link is, as it were, an incurable wound which afflicts the destiny of the whole human race. It would seem that the forces of *involution* drive the subject to dissolve into the original undifferentiated universe, beginning with the renunciation of all that individualizes and separates him from his environment, that is, his ego. This quest for the lost unity is crucial: it is the most moving expression of a fundamental aspiration which transcends both word and affect to become, in its essence, the expression of an ontological deficiency.

Apart from the contents of conflicts which can be verbalized and re-experienced in the transference, very few authors have attempted to describe this indefinable moment which goes beyond the framework of actual experience, yet forms the foundation of the analytic universe. In his study of birth trauma, Otto Rank perceived the analogy between the two experiences, that undergone in the analytic situation, and that of the earliest, physiological relationship between the infant and its mother's body. But whereas Rank places his whole stress on the fear of separation and gives a preponderant place to birth in the neurotic history of the patient, our own observations lead us to believe that the

desire for union goes beyond foetal existence and birth, to aspire to something much vaster and deeper, the return to the primitive homogeneous universe.³

Greenacre (2) has recently spoken of a 'fundamental transference' based on the pre-oedipal mother-child relationship. In this author's view the quasi-union of mother and child represents the 'matrix of transference'. This concept does indeed postulate a fundamental relationship, but rather different from the one we were considering since it is much later to develop and already implies an object relationship, that is to say, the existence of, at least, a 'dawning' ego, to use the author's own term.

Bouvet (1) has also spoken of the intimate link which appears in the transference relationship between therapist and patient, and has employed the term *consubstantial union*. Jacobson, Grinberg, Stone, and Grunberger,⁴ the latter quoting the previous authors, have spoken of a narcissistic union in the analytic situation. It is hardly necessary to say that the facts mentioned here should be interpreted in anything but a narcissistic light, since we are describing a movement towards limitless fusion, in which subject and object melt into a single undifferentiated unity. In our opinion there is an abandonment of the ego, of which the patient wishes to be free, in order to be no longer himself but the other. On the other hand, Pierre Marty (8) in a study of allergy in object relationships approaches our conception more closely, apart from the fact that the relationship we are studying is anterior to the formation of the ego and hence to an objectal relationship.

Let us now consider briefly the technical consequences of the foregoing remarks. Such regressions create, in our opinion, a serious

³ We know how greatly Freud was at first attracted to the ideas of Rank, as Jones, in his monumental biography, has shown.

For personal reasons, which are largely a part of the history of the psycho-analytic movement, Freud finally criticized and then completely abandoned the ideas which he at first considered 'the most important step forward since the discovery of psycho-analysis', which 'had given him a great deal to think about' and which 'he held to be highly significant' (6).

⁴ Grunberger (4) recalls a number of psycho-analytic studies which describe the narcissistic character of the transference. Thus Jacobson (5) reports the transference fantasies of one of her patients, which indicated an intimate union between patient and analyst, the latter having become the most valuable part of the patient. Grinberg (3) has himself stressed the tendency of one of his patients to endeavour to achieve unity with the analyst on the basis of narcissistic omnipotence. Finally, Stone (12) considers

that in extreme forms of transference neurosis there is a fusion of therapist and patient conceived in purely narcissistic form. Lewin (7) has described an ineffable sense of fusion with the object and the loss of ego identity, which occurs in states of 'elation' akin to maniacal excitement. It is a question of 'mutual incorporation', evidencing a typically maniacal form of oral ecstasy, in which the fusion of subject-object creates a 'whole', a higher entity endowed with megalomaniac attributes. What is described here is, in essence, union with the 'good' breast, the source of the feeling of elation and of maniacal 'optimism'. The primitive incorporation of part or whole objects, as conceived by the Kleinian school, serves a narcissistic purpose which is defeated by the intense projective activity of the subject. The *ambivalent* inclusion of objects and the persecutory anxiety which it entails, represent relationship mechanisms which are entirely different from the pre-ambivalent and pre-objectal relationship we are considering here.

problem, since they are a formidable threat to the outcome of the treatment. Having recognized the danger, how can we, in practice, avoid it?

The Chicago school has stated its attitude towards the general problem of too profound regressions. They have for long been concerned with the necessity of controlling the transference neurosis and keeping a firm hand on its development. We cannot, however, adopt the same position as Alexander. We believe that the need to induce a regression remains an essential part of psycho-analytic therapy. But we also believe that it is vital to the outcome of the treatment to be in permanent control of its intensity and depth. What we wish to say here is that it is never desirable to let blind forces, outside our control, take over the field of analysis and make themselves at home. However, the control of regression, as we understand it, has nothing in common with the manoeuvres invented by Alexander. To allow the counter-transference free play within the analytic situation—as the Chicago school suggests—would produce such a medley of affect and counter-affect that any objective understanding of the transference would become illusory. We believe that it is of prime importance to prevent the patient regressing step by step to such an archaic level of union that he is no longer capable of renouncing its

delights. In such conditions we might indeed put an end to the analysis, but never to the regression. To set a term to the analysis does not set a term to the regression. We should thus have induced the patient to become fixated at a level of regression so deep and so satisfying to his most essential aspiration that there is no longer any technical means of making him renounce it: the means, the analytic situation, has become an end in itself.

Knowing these dangers, we ourselves think, as the work of one of the authors has shown, that there comes a moment in analysis when 'neutrality', so superstitiously observed, has to be replaced by an attitude of 'presence', which is the only possible obstacle to the closed and unreal world in which regression is rooted (9, 10).⁴ The psycho-analyst will no longer consent to be the incarnation of a myth. He will no longer be a transparency through which all fantasies can pass; he will have to endeavour to become for the patient that which he is in reality, a man like the rest, like the patient himself, in a world of fully evolved human relationships. By this new 'presence' the therapist will be more able to break the spell of regression and introduce into the analytic situation the principle of reality, of which the patient should always find him the most reliable representative.

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FURTHER REMARKS ON COUNTER-TRANSFERENCE¹

By

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Within the last few years a large number of papers on counter-transference have been published, coming from many different parts of the world. It has been claimed that just as transference was at first thought to be merely a disturbing factor, yet was recognized later on as the pivotal therapeutic factor in psycho-analysis, so now counter-transference is found to represent not only an interfering agent, but an essential catalytic one needed to achieve the therapeutic goals of psycho-analysis. The purpose of my paper is to discuss this idea and to refute it.

I believe that the increasing concentration on the phenomenon of counter-transference can be traced to a number of causes. Modifications of the analyst's technique and behaviour are sometimes necessitated by the 'widening scope' of psycho-analysis, since we no longer deal only with neuroses, but also with various other forms of pathology. The rising importance of psycho-analysis in psychiatry as a whole, in social work, education, etc., the expansion of 'psycho-analytically oriented' psychotherapy, and the ensuing emphasis on 'interpersonal relationships', all have brought in their wake the danger of a dilution of psycho-analysis, of a confusion between psycho-analysis proper and psychotherapy, and therefore of confusion about the role of the therapist. Besides, it should not be overlooked that our growing experience in the training of student-analysts confronts us more and more with emotional interferences in the students, reminding us again of similar difficulties in ourselves.

I believe that the complexity of these problems, with all their implications for analytic theory and technique, justifies me in presenting a critical evaluation of the current ideas on counter-transference without attempting to offer any basic new theory about it. Because of the limited time at my disposal, this discussion will have to be rather abbreviated. I can only indicate some

of the problems involved, without quoting extensively and often without naming the specific authors and titles.

The diversity of motivations for the interest in counter-transference manifests itself in a lack of clarity regarding the definition of counter-transference. Before going into this, I should like to repeat briefly what I said in a previous paper on the subject (25). Counter-transference comprises the effects of the analyst's own unconscious needs and conflicts upon his understanding or technique. In such cases the patient becomes an object in relation to whom the analyst experiences past feelings and wishes. The provoking factor may be something in the patient's personality, a particular transference pattern, or a specific analytic situation and material.

These counter-transference responses consist either in libidinous and/or aggressive strivings, or in defences against such strivings, or in identifications and ego attitudes connected with a specific past conflict of the analyst. As an intermediate step, unresolved problems of his own analysis and his own transference conflicts may emerge. It is of significance that frequently the analyst is not conscious of the response as such, but becomes aware only of certain consequences, such as anxiousness, inappropriate and often overstrong emotion, inability to understand the patient, boredom, etc.

One of the prevailing misconceptions is the equation of counter-transference with the analyst's total response to the patient, using the term to include all conscious reactions, responses, and ways of behaviour. This is as incorrect as to call transference everything that emerges in the patient in relation to the analyst during analysis, and not to distinguish between the manifestations of unconscious strivings and reality-adapted, conscious behaviour or observations. The analyst is for the patient, and the patient for the analyst, also a reality object and not only a

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July, 1959.]

transference or counter-transference object. There has to be in the analyst some (aim-inhibited) object-libidinous interest in the patient, which is a prerequisite for empathy. Conscious responses should be regarded as counter-transference only if they reach an inordinate intensity or are strongly tainted by inappropriate sexual or aggressive feelings, thus revealing themselves to be determined by unconscious infantile strivings.

The significance of the fact that the analyst is equally a reality object for the patient was correctly stressed by Ferenczi (9) and various later authors (Balint (3), Benedek (4), etc.). Each of us has some particular qualities and an individual style of analysing; none is completely 'neutral'. It is important that the patient be enabled to talk freely about any actual observations he may have made or information he may have received with regard to his analyst. If such reality factors can be brought into the analysis, they will become irrelevant for it in the long run. But to prevent all this from being mentioned, or to treat it exclusively as the patient's transference, means to deny the reality of his observations or information about the analyst. Such denial can be considered an expression of a specific counter-transference, since the analyst then really behaves like a parent forbidding the child to know anything about his 'secret' private life, an attitude which obviously reinforces the patient's defences.

This failure to differentiate between counter-transference and total response, combined with the erroneous assumption that the analysand 'is not supposed to be' a reality object for the analyst, leads to the idea that 'analytic neutrality' is an impossible and unrealizable task because it can be kept up only through a most unnatural restraint. Hence the whole concept of 'analytic neutrality' is thought to be based on a 'dishonest' presumption, on the 'myth of the analyst's perfection'. From these notions, some authors have drawn very far-reaching conclusions. Since perfection in the form of complete neutrality does not exist, they claim, *neutrality should be dispensed with entirely*; the analyst should respond to the patient in whatever way he feels. In fact, there is a frequent misconception that 'analytic neutrality' means to behave like a superior being who looks down upon the patient. Thus we are told that solution of transference and termination of analysis have to be brought about by giving up this godlike role and behaving freely and humanly (Weigert (33)). I believe it is obvious that to renounce the

principle of the analyst's neutrality implies a basic lack of understanding about the nature and importance of transference, and therefore about the essence of psycho-analytic therapy.

But even where such grave misunderstanding is avoided, the over-emphasis on counter-transference entails practical consequences. Besides the demand for greater 'honesty' about counter-transference, we often hear that its admission to the patient is necessary in the interest of the latter. To be sure, at times it may be unavoidable to admit certain counter-transference manifestations to a patient; e.g. that the analyst forgot something or made a slip, etc. Such an admission may be required in order to permit the patient's free verbalization with regard to the analyst. But it is clearly quite a different matter to burden him with the analyst's own affairs and to interfere with the sequence of the analysis by introducing extraneous material that is irrelevant for the patient himself.

Another rampant misconception about counter-transference should be noted because it has an undesirable effect upon methods of teaching psycho-analysis. I mean the view which regards *any* wrong interpretation and *any* mistake in handling the analytic situation as an expression of counter-transference. This has led to the erroneous idea that the supervisor's main task is to point out the counter-transference of the student, or to concentrate on any complications of the relationship between student and instructor, rather than to teach his supervisee how to apply the principles of psycho-analysis to the intricate patterns of clinical material. It is as though there were a tacit assumption that the young analyst was born with an *inherent knowledge* of psychopathology and 'correct interpretation', and that mistakes are regularly based on counter-transference but have nothing to do with lack of knowledge and experience.

The truth, of course, is that our analytic understanding, which directs our management of an analysis, has its roots in theoretical and clinical knowledge, as well as in intuitive processes. While analysing, we constantly oscillate between these two methods of gaining insight. In one moment, we integrate our observations into the body or our analytic knowledge; in the next, we listen with free-floating attention (Fenichel (8)). We listen with our unconscious or, as Reik (27) said, with 'the third ear'. The ability to draw upon the wealth of both these realms is a prerequisite for the good analyst. Therefore we are legitimately concerned about the psychological

obstacles that interfere with the intuitive process, as each of us may fall victim to them time and again.

The psychology of analytic empathy has long been a topic of great interest. Insight into the hazards of this process helps us to understand the dynamics of certain counter-transference phenomena. On the other hand, just what we know about intuitive understanding tends to lead to some further confusion about counter-transference.

Intuitive understanding of what goes on in another person is based upon trial identification, a term aptly coined by Robert Fliess (10) in his excellent paper on *The Metapsychology of the Analyst*. Based upon his findings as well as those of Helene Deutsch (7) and Theodor Reik (26), who preceded Fliess in this psychological investigation, one can say that analytic understanding—particularly of transference manifestations—comes about as follows. (i) The analyst becomes the object of the patient's libidinal and/or aggressive strivings (or of the defence against them). (ii) In a special, transient way, the analyst identifies with the patient and in this way participates in the patient's feelings. (iii) He can then recognize these feelings and the underlying instinctual strivings as belonging to the patient; i.e. he again becomes detached from him. Thus, the analyst has acquired knowledge about the nature of the patient through an awareness of something that went on in his own self.

Helene Deutsch (7) pointed out that the process of empathy is even more complicated. She shows that direct responses (of love or hate) to the patient's instinctual strivings cause the analyst to identify also with the original infantile object of these drives. Through this identification, which Deutsch calls a complementary one, the analyst gains knowledge about the patient's objects by feeling what goes on in himself. This particular aspect of empathic identification is important here, since it plays a great part in the ideas of the British school of psycho-analysis about the interplay between analyst and patient during the analytic process, and about the role of counter-transference.

The capacity for empathy is, of course, based upon the fact that in the unconscious we are all endowed with the same strivings, but I must emphasize that what may be a homoeopathic dose for one may be strongly cathected for the other. *In the case of the analyst, the process of identification and externalization is cathected with minimal amounts of energy and must have been preceded*

by a far-reaching process of neutralization. He has to forego any immediate gratification and content himself with the sublimated gratification derived from his ability to understand and to function correctly in an egosyntonic way.

Furthermore, in trial identification primitive ego mechanisms of introjection and projection are regressively revived, at will and only temporarily, for the purposes of the ego. A neutralized cathexis of the patient is never relinquished. Thus, the analyst never loses sight of the patient as a separate being and at no time feels his own identity changed. This enables him to remain uninvolved. But this delicate process of trial identification is fraught with many hazards, and its failure manifests itself as counter-transference. For instance:

(i) The analyst may react to the impact of his patient's instinctual strivings with a direct response. He may return love with love, hate with hate, failing to identify and to detach himself again. Such direct responses, especially when they assume great intensity, represent the commonest and simplest form of counter-transference. They arise from the analyst's infantile motivations.

(ii) The other very frequent form of complication, which stems likewise from the analyst's infantile conflicts, was pointed out first by Helene Deutsch (7). As she puts it, he may get stuck in some of these trial identifications because they please him too much: he becomes unwilling and unable to relinquish them. Thus, instead of merely going through a transient identification for purposes of understanding, the analyst remains identified with the patient (or the latter's object). He behaves or feels like the patient, which will render him blind to the patient's defences.

Of course, the manifestations of counter-transference here enumerated do not cover the whole range of its possible forms, but only those which are the direct outgrowth of the process of empathy. I discussed this aspect so extensively because certain ideas about the positive value of counter-transference can be correlated to the psychology of analytic intuition.

The first of these ideas was originated by Heimann (17) and taken over by other authors. What she proposed, but without formulating it in this way, was to use the analyst's emotional responses, his counter-transference manifestations, as a substitute for empathy. She described how a patient, soon after starting his analysis, suddenly decided to marry a 'defective' object,

to which the analyst reacted with an emotional response of worry and anxiety. Aware of this response and trying to analyse it in herself, Heimann recognized her patient's decision as a transference acting-out based on sadistically tinged fantasies about the analyst who was seen as a defective object.

Let me try to reconstruct here what had been going on in the analyst. Something interfered with the process of immediate, intuitive understanding. The analyst reacted to the patient's striving with an emotional response of her own. She did not just 'know' that the patient was involved in an acting-out of his transference, since she failed to identify with him and to detach herself again from such trial identification. For this process she substituted a *retranslation* of her own feelings into those of the patient. We might say that she used a secondary, a roundabout and incomplete way of understanding because the direct path was blocked. This particular detour may be very frequent and sometimes usable. Nevertheless, it is not desirable, for the analyst's own strong involvement always contains the danger of obscuring his objective grasp, particularly of the transference situation, by introducing something that is not inherent in the patient but only in the analyst's own psychology.

The honesty with which Heimann and a number of others have treated this topic contributes very greatly to its clarification. In this respect, I also want particularly to mention Gitelson's (15) paper. Most pertinent, indeed, is the practical conclusion drawn by many of these authors: that we should be alert to our own feelings, stop to investigate them, and analyse what is going on. For the analyst's awareness of his undue emotional response warns him of an obstacle that interferes with his competent functioning, and ought to be removed. *The counter-transference as such is not helpful, but the readiness to acknowledge its existence and the ability to overcome it is.*

Sharply at variance with this point of view are a number of other authors, who do not regard the analyst's strong emotional responses merely as a sometimes unavoidable detour to understanding. *They claim that the nature of the counter-transference manifestations corresponds to the nature of the impulses and defences which prevail in the patient at the same time, so that insight into the counter-transference opens a direct pathway into the patient's unconscious* (Heimann (17)). This concept, I believe, results from confusing the special, transient

form of identification followed by redetachment, as it occurs in empathy, with identification and projection in their most direct form.

Some analysts of the British school, because of the emphasis they place on pregenital-aggressive conflicts and on the mechanisms of introjection and projection, tend to see the analytic process completely from this angle. According to them, the analytic process consists in a mutual identification and projections between analyst and patient (or part of their respective personalities—time forbids me to go into this). To take over the analyst's healthy personality through identification thus is thought to form an important part of the cure, a point to which I shall come back later. Furthermore, using Helene Deutsch's idea, it is reasoned that the analyst has become identical with the patient's infantile objects via 'complementary identification' and that analysis of any counter-transference reaction therefore reveals the infantile history. Thus, if the analyst feels anger toward the patient, this indicates that the infantile object was angry with the patient. The analysis of the counter-transference thus brings to light the development of the transference. Since it is assumed that the analyst's emotional experiences and his responses to the patient are identical with the original models, such interplay of transference and counter-transference *replaces recall* of the past or even its reconstruction. To recover the memory of specific events connected with actual objects is not considered important.

The equation of the subtle process of trial identification with such mutual identification neglects an essential fact. Emphatic identification, as I mentioned before, is marked by minimal and neutralized cathexis, whereas the counter-transference here is evidently charged with intense emotional force. Little (19), for example, speaks of feeling 'real hate of a patient for weeks on end' or being 'suddenly flooded with rage', or the great danger of the analyst's 'phobic or paranoid' attitudes towards his own unconscious.

Indeed, we are faced here with a striking contradiction. Such a strong emotional cathexis can only stem from the analyst's own unconscious conflicts; thus, it must represent an intrusion of these conflicts into what Little (18) calls the process of the mutual reflecting each other in the mirror of the other's unconscious. This factor of falsification via the analyst's particular conflicts is disregarded by those who advocate 'free counter-transference', just as they disregard the

specific events of the patient's past. Their concept seems to presuppose a typical content of counter-transference. According to Racker (23, 24), counter-transference is dominated by the *law of talion* which follows simple rules and allows retranslation of complicated subtle psychological experiences, as though we were dealing with arithmetical problems that permit only one correct answer.

I should like to mention at this point that ideas about a typical content of counter-transference can be found quite frequently in today's literature. Some authors, e.g. Winnicott (34) and Glover (16), seem to regard counter-transference as consisting predominantly of hate and aggression. Most definite in his statements is Racker (22, 23), who claims that for a male analyst any male patient represents the father and any female patient the mother, and that the analytic situation *eo ipso* represents an oedipal one. Also Spitz (28) generalizes too much in assuming that the *typical* counter-transference is based on the child's 'diatrophic' attitude (meaning the child's behaviour when he wants to feed and take care of other children or dolls, in identification with the nursing mother). All such notions about a typical content of counter-transference represent schematizations and a narrowing down of the beautiful variety of psychic functioning.

To come back to the review of current theories: thus far, I have described those which consider the analysis of counter-transference a valuable method of gaining insight into what goes on in the patient. However, a variety of other important functions is ascribed to counter-transference as well.

Some authors advocate the free expression of counter-transference feelings, including negative ones, as a method designed to promote identification by the patient with the healthier personality of the analyst. For instance, Little (19) deems it necessary for very disturbed patients to experience the analyst as a loving, hating, feeling person and to introject him, so that they themselves may become capable of feeling. Identification with the analyst is viewed by numerous authors as one of the main vehicles of therapy also for patients with less serious disturbances. That such identifications frequently do occur in analysis cannot be questioned, but they represent material which should be analysed, as they often prove to be transference repetitions of infantile identifications. It is not the aim of analysis to transform these temporary identifications into permanent structures. This holds true

also for superego identifications. At some time or other in the course of analysis, the analyst becomes a superego figure and the patient tries to identify with him. A regression to a certain phase in superego development has taken place, which makes analysis of the superego possible. Such identifications come about spontaneously in the analytic situation. They need not be promoted by any 'acting out' on the part of the analyst, which can result—in the most favourable case—in some educational impact upon the patient, but not in his being analysed. The therapist's assumption of such an educational role may be of importance, though, for borderline cases or psychotics who were never able to form a stable identification. I shall come back to this point shortly.

Various authors regard counter-transference in the form of intense involvement as a requisite to reach difficult patients. Little (18), who is a most important representative of this group, proposes that where the transference fails, counter-transference has to do all the work. For this purpose the analyst must allow the ideas and gratifications derived from his work to regress in an extraordinary degree. She indicates that when interpretation is of no avail, the direct impact of the analyst's emotional response breaks through the walls of resistance. Ineffectiveness of interpretations is similarly alleged by other authors. But these statements must be taken with a grain of salt, as they fail to specify what interpretations are being given and under what conditions. The handling of interpretations is evidently a complicated matter dependent on correct understanding, timing, wording, etc.

In my opinion, when an analyst suggests that a cure can be brought about only through his *acting out* his own emotional experience, he is using what Freud would call '*Suppenlogik und Knödelargumente*' ('soup logic and dumpling arguments') in a reversed way. The implication is roughly this: *Words are not enough; real—i.e. transference—gratifications have to be given to the patient; healing is accomplished by love.*

For certain patients the relationship with the therapist indeed represents the first consistent, viable relationship, just as identification with him may be the first stable identification. In this instance, any therapeutic improvement may well be due to the nurturing of this relationship; namely, to a loving care given by the therapist and his attempt to substitute for something that never existed in the patient's life. But such therapeutic endeavours are not psycho-analysis,

even though they may be based on the fundamental insights of analytic psychology.

Moreover, emotional responses of the analyst are advocated not only for dealing with such deeply seated disturbances of object relationship, but with severe neuroses in general. Tower (32), who goes farthest in this direction, favours the development of a counter-transference *neurosis* as a catalyst in the therapeutic process. In an impressive clinical example, she describes how a male patient suffering from the effects of repressed sadism responded to the analyst's acting out of a masochistic submission in diluted form. This resulted in such a deep emotional rapport between analyst and patient that the latter dared, for the first time in his life, to break through his rigid defences. It so happened in this case that the counter-transference neurosis was complementary to the patient's neurosis, a coincidence which is certainly rare. Besides, as Spitz (28) pointed out in a critical review of Tower's paper, the result of such mutual acting-out will be short-lived and unreliable. In this context, he made a penetrating remark which I should like to quote: 'The rule of abstinence is valid for the analyst as well as for the patient.'

This emotional interplay represents an ideal instance of what Alexander (1) has termed the 'corrective emotional experience'. Alexander counsels the analyst to behave in a way converse to the original parental behaviour—either through deliberate role-playing or involuntarily, as in Tower's case—and to 'manipulate' the transference in this sense. He argues that the *experience* of the 'changed interpersonal climate' makes a continuation of the original response to parental behaviour pointless, so that the neurosis can be relinquished. Neurosis he understands as a result of the child's faulty adaptation to the original 'difficult' family situation, a concept which obviously represents a simplification. It seems to give credit only to the external child-

hood reality, but to omit the most commonly unrealizable libidinal and aggressive infantile strivings and the ensuing inner conflicts.

In the case of this as well as other divergent schools of psycho-analysis, oversimplification and the omission of essential parts of psycho-analytic theory cause an exaggerated therapeutic value to be placed on the analyst's overactive involvement and the patient's 'corrective emotional experience'.

At the risk of generalizing unduly, I would venture the opinion that this emphasis on the effect of counter-transference and on the analyst's 'deep emotional impact', rather than on interpretation, represents a return to the concept of the therapeutic effect of abreaction in the sense in which it was understood by Ferenczi, who apparently had a special capacity for achieving it in his patients by virtue of his particular emotional response.

This powerful, emotionally stirring experience, which is believed to reach the patient's depth and to be promoted by the analyst's emotional participation, consists—I repeat—in transference gratifications or frustrations that are meted out to the patient 'not by words alone'; i.e. not by means of interpretation. Thus, whether a positive or a negative approach is chosen, the effect of such an experience remains incomplete. The relegation of interpretation to a secondary place implies that ego analysis must be entirely or at least partly omitted. Any differentiated, subtle understanding of the interaction of the various psychic structures is left aside; any detailed, careful analysis of defences; any effort to analyse ego pathology and to correct it. Instead, there is an attempt to work directly with the id and to exert immediate influence upon the object relationships. Such an approach disregards Freud's most important formulation concerning the therapeutic aim of analysis: 'Where id was, ego shall be'. Therefore, no lasting effect can be expected from these methods.

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FANTASY AND REALITY IN TRANSFERENCE

By

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Nonsense speech and action as well as nonsense dream images are witnesses, as Freud has shown us, of unconscious desires breaking through the superficial flow of reasonable behaviour. We would like first to show that some of this nonsense behaviour occurring during analysis, and mostly in the transference relationship, bears witness to a direct breaking through of past into present, of fantasy into reality; and secondly to insist on its theoretical as well as practical importance.

It would be easy to give many examples of such behaviour and useful to attempt to classify them. Perhaps I shall do so in detail somewhere else. But as every one of you could recall some as easily as I do, and time is limited, I prefer to call your attention to a few points. Some of our patients are aware that their behaviour in transference could be called nonsense; they feel self-conscious about it and endeavour to explain it. They feel satisfied when they have found in their past some memory of having felt and behaved in the same way in a different situation, one where it was reasonable to behave in that way.

'I am anxious about your leaving for your holidays, because that was the way I felt when I left mother', says A. Others are in a state of mild and continuous anxiety related to the transference situation; it is felt as nonsense, for the analyst behaves as he has always behaved. But they are able to get out of it through some real activity. 'You know, I was as anxious these days as I was when I became engaged', says B. 'But I am my normal self again, since I had intercourse with my wife', showing himself and me that he was no longer engaged, but that he had married.

Anna O. taught Freud through Breuer the technique of chimney sweeping, as Freud would like us to believe. In the same way, I keep in my mind the techniques that my patients have devised, and sometimes I use them myself with-

out any compunction. When I relate a present fact to a past one I am quite classical. But when I bring the patient back to reality in order to get him out of a state of unbearable anxiety, I am doing something that every one of you, maybe, has done intuitively, but few, to my knowledge, have taken the trouble to conceptualize.

Before I give you an example of this sort of stepping in, I must mention a thoroughly different kind of patient: those who justify nonsense attitudes with all sorts of reasoning. It seems quite immaterial to interpret such attitudes and show that they come from the past. This past is forgotten; to remember it would bring too much anxiety. Of course I am speaking of what we call transference resistance as well as of resistance to transference. But in a few of these patients, when the resistance is not at its strongest, the type of intervention I have mentioned could modify their behaviour under the analyst's eyes.

G., a research scientist, comes to his session late, more than out of breath, panting. He was carrying on an experiment that petered out. He gave up. And now that he is on the couch, he has a real attack of asthma, and moreover a headache . . . and so on.

A.: Your asthma is a reproach, because everything is my fault.

G.: It is quite true, it's you who made my experiment peter out.

A.: No, *you* failed.

A long pause, then:

G.: My attack is over. Then he calls up abundant memories about his first attack of asthma, showing how his object relationship was distorted.

The interesting point here is that the unconscious hostility to the analyst prevents any contact with the analyst other than a regressive one, that is asthma. The simple stepping in mentioned above brings back the relation with

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

the analyst to the reality level where asthma has no meaning at all. But, the fantasy being abandoned, memories come back to consciousness. It is the sharp contrast between the analyst as a persecuting and fantastic image (when he said 'Everything is my fault', he played into the patient's hands) and the real analyst as a kind onlooker, that brings the feeling of nonsense and breaks the fantasy. It could be suggested that that flow of memories allows the patient to remain through words in the former object relationship where asthma was meaningful.

This example, reported in this condensed form, gives us a model of explanation that fits in very well with the cases we alluded to. We know from the *Studies on Hysteria* that our patients live their past in the present. But here we see an important fact: it is not because memories come back into the patient's consciousness that the past is pushed back into the past. Instead, as he becomes conscious of the present, the patient pushes back the past into the past, as B. did, and by doing so he is able to recall memories of it, instead of living it, as G. did.

This explanation could be shown to fit in even with the example of A.: the reassuring quality of his own interpretation could be related to the awareness that his analyst is not his mother, never scolds, and mostly will not suffer from the parting, so that he, the patient, has no reason to be afraid.

It would be interesting to discuss here whether we should let the fantasy develop or crush it. But that implies answering two questions of unequal importance. First, are we dealing with genuine regression or with regressive fantasy? Our opinion is that these fantasies are acted out, but it is difficult to be sure that between acted-out fantasies and genuine regression there is any difference other than a verbal one. The second and more important question is: Does regressive behaviour have a therapeutic value in itself or should it be dealt with as a resistance? In my own experience regressive behaviour has therapeutic value inasmuch as it allows the relation with the analyst to establish itself or does not hamper it. But it easily becomes a resistance in the transference. Regressive fantasy is an easy method of running away from the analyst.

Perhaps clinical arguments are not enough to provide such questions with a straight answer, for I am afraid the analyst, most of the time, does something more (not to say something other) than he thinks he does. Some theory could perhaps help us. We know of course that history

is one of the poles of psycho-analytic theory. The other pole, conflict itself, comes from a present tendency inhibited by some fear related to an image, that is an individual memory. It is as important to replace the conflict in the historical situation where it first took place, as to analyse it here and now. It is impossible to understand mental life without the concepts of memory and learning (or conditioning). Any psycho-analytic theory as well as any psychological and biological one shows there is no possible adjustment of organism to environment without individual memory.

At the end of the last century, in 1887 to be accurate, Hughlings Jackson had already asked the question and answered it: '... at any rate perception is mainly memory ... recognition (a synonym of perception) is having relations of likeness and unlikeness; having these relations involves revival of previously acquired states, which is memory.' And again: 'There is, of course, subject consciousness with every state of object consciousness. Remembering in the sense of "having again" is "somebody having again".' Modern research approved of this view. Ego and non-ego could not be perceived without comparing present sensations and memory of past sensations.

But if it is necessary to contrast 'now' and 'then' in order to perceive, it is not enough. As Freud, among others, has shown, it demands checking through action as well. A real object that can be modified by action cannot be modified by thought, and as such is quite distinct from a fantastic object, which cannot be modified by action, but can be modified by thought.

What becomes of this problem in the clinical situation? We have chosen in this paper to study transference. Analysing transference means analysing feelings (even if we analyse behaviour, it is explained by feelings). The patient will express and contrast feelings, some of them being related to infantile objects, others to present objects, mostly the analyst. He cannot use Jackson's criterion, as he is dealing with feelings, not perceptions, and unfortunately he cannot use Freud's either. Feelings have to elicit some action before they can be submitted to the action criterion. Now the analytic situation is such that it precludes any possible action (in fact it helps to express one's feelings towards the analyst: these feelings will never induce any action, their inadequate character will remain hidden). The patient is still unable to know whether his present feelings are referred to the analyst or to a fantastic

image of the analyst arising from his own past.

There remains one way open to the patient to prove to himself that his feelings towards the analyst are nonsense: the analyst cannot be modified by the patient's thoughts, desires, feelings. This proof, being negative, is not easy to give. For the situation does not prevent the patient from believing that he could have some magic action on the feelings of his analyst; he cannot be shown that these magical thoughts do not work. And this is why it is sometimes necessary that the analyst should become real, either through his own 'stage presence' or through his stepping in. Becoming real in the analytic situation means only that the patient becomes aware that his thoughts cannot modify the analyst. To say 'No, *you* failed' means 'You know perfectly well that in spite of your desire to lay the blame of your failures on me, I have in them no responsibility whatsoever' or 'I have no magical power over you'.

Let us here introduce some comments that might be considered both irrelevant to our main topic, and dangerous.

The analyst expresses himself through his interpretations. His personality, his 'presence',² will be different whether he strives to play an analyst's part or is himself. Some among us put on, so to speak, a white overall, white as the screen on which movies are projected, but sterilized like that of the surgeon, before they come into contact with their patients. Others keep on their white overalls even when they go walking in their own life. Others still don't bother, they work as they happen to be dressed; their day-to-day clothes (I don't say their pyjamas) are good enough. These last two are what they are, and they do what they can. But we think the latter have more 'presence' and will more easily help their patients to become aware of their analyst's reality.

Nacht has given some advice about how to help patients to take this step. It is valuable, when dealing with the cases he has in mind, and perhaps more valuable still for those analysts who put on a white overall, but, it seems to me, it is of no use for those who do not feel it necessary to hide their presence. For during the analysis, the patient is not aware that his analyst keeps on his ordinary dress; he sees him in a coloured overall, coloured by his own past. It is

enough in most cases to show the patient he has always denied this presence, this reality which was there. In other words, to me 'presence' does not seem to be an attitude or a variation of technique. It is the natural way of being for a man or a woman, neutral, but able to pay attention and remain kind, tolerant or loving with his, or her, patient whatever the circumstances. I cannot think it is a variation of technique, because I cannot accept the idea that classical psycho-analysis could imply any acted attitude, any lack of genuineness.

After this digression on how the analyst's attitude could in itself convey some reality, let us come back to our criterion of reality. For things sometimes happen to go wrong. We said that the only criterion left was that the patient's magical thoughts could not modify the analyst. But if the analyst responds unconsciously to the unconscious desires of his patient, he becomes part of his patient's fantastic world, he is no longer real. He among us who has never been modified by one of his patient's desires, let him first cast a stone at the one who is no longer real for his patient.

The counter-transference problem obviously arises here in all its magnitude. Any analyst who finds some unconscious satisfaction with a patient, gives him the unconscious feeling of having some hold on him (the analyst). If such an analysis does not become interminable, it will come to an end without being completed: going on with the relationship means that the analyst is attached to his patient, breaking it means that the analyst runs away. The patient will go on believing that this fantastic analyst of his is genuine, and well he does, for he made the analyst fit into his own fantasies.

But we have often used the words fantasy and reality. I have no time to clarify the meaning of fantasy here; instead, I shall refer you to the report of Lebovici and Diatkine,³ reminding you that they are interested both in the conscious fantasy and the unconscious fantasy which in the adult goes with an unrealistic world representation. When it comes to our topic, it means that the analyst should endeavour to find out what sort of a fantastic analyst the patient has made out of the real one. But when we speak of a real analyst, what does 'real' mean?

I entirely agree with Nacht and Racamier⁴ when

² Nacht used the word with this meaning in 1949 for the first time, *R.F.P.*, 1949, 13, 367. His fullest formulation has been given recently in 'Remarks on the Handling of Transference,' *Int. J. Psychoanal.*, 38, 1957, 196-203.

³ S. Lebovici and R. Diatkine (1954), 'Étude des fantasmes chez l'enfant', *Rev. fr. psychanal.*, 18, 108.

⁴ S. Nacht and P.-C. Racamier (1958), 'La Théorie psychanalytique du délire', *Rev. fr. psychanal.*, 22, 417.

they talk about a sense of reality of things and beings. I would only add that it is perhaps useful to make a distinction between sense of things and sense of time. In regressive states, this bursting of past into present can always be observed.

But from the point of view we have chosen in this paper the important thing is to make as clear as we can what we mean by reality of the analyst. When a patient is allowed to remain deep in his fantasy, we let him live in a situation where the analyst is denied as a person, and perhaps forgotten as a mirror. However, the analyst is endowed with a neurotic sort of reality, which is characteristic enough. It is fragmentary. This one will see her analyst only as a male, a prey she is craving for (transference resistance); this other one as a physician, a nursing machine (resistance to transference). But as the analysis progresses, this fragmentary object relationship develops into a total one. The analyst is real inasmuch as the patient is able to feel his presence as a whole. He is a person known from such and such an angle, spreading out in uncertain but probable directions, unknown sometimes but possible and sometimes definite. He is a person in relation to whom the patient has experienced many feelings, to whom one has changed, but who has not changed towards the patient. This is to reverse the type of experience that has delighted so many existentialist writers or philosophers (and terrified so many psychotics) who do not say 'I have changed' but 'the world has changed'.

Analysis working counter-artwise (if I may so say) enables (I do not say forces) the patient to see a real world instead of a world of fantasy, and, in the process, himself in the world.

I should perhaps stop here; I did not in fact do more than insist on known facts, and systematize too much perhaps what others have said. I should for instance have quoted Nacht verbatim. But I should have been obliged to re-read everything he has written, and I have not had time enough. Moreover, it would not have done justice to all that I learned in my personal relationship with him: known facts put in a new and striking light, starting points for fresh lines of thought and action. I cannot mention all . . . even in the bus from Copenhagen airport to the City. Let him be kind enough to accept this acknowledgement as a bibliography.

But I feel the urge to ask myself and you: What exactly is the mechanism of this changing I spoke about? How does the patient's *Weltanschauung* change? The answer was, a few

years ago, by bringing into consciousness, but I am sure many of you would now answer, by experience. Without entering in too many details, I think that clinical facts show that both experience and interpretation are active or not, whether we deal with a patient whose ego is matured or not. The active factor is that which changes ego structure, but once more, is it experience in the transference relation or interpretation bringing into consciousness unconscious feelings?

I think we can find the beginning of an answer in those cases where a scorching transference cools down. What has been taking place? The analyst did not change, what he was (as Nacht puts it) he is still. The only elements that could have varied are his interpretations, their frequency, their formal aspects, their timing, those he chooses, thus showing different aspects of what he is. The patient experiences his feelings about the analyst not only in the monolithic way he expresses them but more or less unconsciously in connexion with a score of crumbled interventions which build up a real analyst who wears out from the inside, so to speak, the fantastic one. Or, we could say that a solid analyst, invariant, to use a mathematical word, has taken his place among all the transformations undergone by the fantastic analyst, or else this sort of working through helps to dissolve this almost unconquerable fear which is related to the basic infantile fantasies (eat and be eaten) thanks to the obvious persistence of its object, a person, one and a whole under so many aspects.

If we are right in this analysis, we may think that the active factor can be found beyond experience, beyond interpretation, in this relationship where a frightened child finds a strong kind and real person.

Let us summarize what we have said.

Two different types of patients are opposed. Some have strong internal temporal bearings, they are able to set 'naïvely' apart past and present. When past bursts unexpectedly into present, they see it with astonishment and call it nonsense. Historical transference interpretations are taken for granted. Transference itself is warm and easy to handle.

Others are quite able to talk rationally and even reasonably about past and present. But as soon as they get into the world of affects, as soon as they lie on the couch, as soon as they lose their usual social points of reference, they seem to lack internal temporal bearings, unable to know whether their emotions are related to

persons of the past or to present beings. Before becoming able to reach this level of discrimination, they have to find external bearings connected with their analyst; in the meantime historical interpretations are quite ineffective. Transference is impossible to control, monolithic or apparently non-existent, unexpressed. The analyst is always fragmentary, nonsense transference is recognized without any consequence being drawn.

The actual difference between these two classes of patients could be ascribed to different object relationships, though there is nothing in it that could not as well or better be put in terms of ego mechanisms.⁵ But when it comes to the distinction between past fantasy and present reality and the understanding of the repetitive character of the transference feelings, there seems to be no clear correlation with the level of regression. Genetic studies do not show at what stage of the instinctual development time structuration takes place. This seems to pertain to the ego development (there is no sense of time in the unconscious, said Freud). We know that around the fifth year with the acquisition of delicate syntactic structures, the child becomes able to set in proper temporal series language symbols of things and actions. But the deep trouble we are considering is certainly connected with an earlier alteration of the object relation, but we are unable to show it. That is why we prefer referring these two classes of patients to two different ego structures.

In those who suffer from this temporal trouble we can show that there exists a split ego: we find in them both an unconscious assertion of a past still present (or we might say an unconscious denial of the present maintained by a strong cathexis of the past) which belongs to the ego, and a conscious acceptance of the value of the present which is clearly distinct from the past.

⁵ Some do get to a level of instinctual development where they are able to feel distinct from their objects and their cathexis and have settled their object-relationships. Others do not develop, they are unable to feel a genuine difference between themselves and others; their object-relations are excessively close or remote, always un-

balanced. Freud described a similar structure in respect to castration: on the one hand denial of castration and assertion that the fetish is a valuable substitute for the penis, on the other hand conscious acceptance of castration as a fact. It is easy to get carried away by this example: the present is denied, some period of the past is acknowledged because this past does not yet imply an experience felt as a crime and the punishment of this crime.

If we are right in this theoretical analysis, our patients have some basic structure in common with the perverse patients of Gillespie⁶ and those of Nacht, Diatkine, and Favreau;⁷ and in fact we have found in most of the patients on whom this paper is based, some mild perverse activities sometimes only fantastic and more or less eroticized. In striking contrast those who have a reliable sense of time are able to use repression against anxiety. They do not need the primitive mechanism of denial and splitting of the ego. I suspect repression is connected with the ability to establish temporal seriation.

How is it that one of these mechanisms, denial or repression, has been chosen rather than the other? It could be explained by the moment in the history of the ego when the subject met traumatic experiences, as well as by the existence of critical periods when some event is experienced as traumatic that would have been harmless earlier or later, or else by what Lebovici and Diatkine call evolutive disharmonies.

But these nonsense experiences are one of the most pregnant moments of the analysis. Coming suddenly against tough reality, a transference experience abruptly changes its *meaning*, through interpretation. This experience has now a different cause (genetic explanation), a different intention (the desire has changed its object or its aim), it has become a different experience.

balanced.

⁶ W. H. Gillespie (1952), 'Notes on the Analysis of Sexual Perversions,' *Int. J. Psycho-Anal.*, 33, 397-402.

⁷ S. Nacht, R. Diatkine and J. Favreau (1956), 'The Ego in Perverse Relationships,' *Int. J. Psycho-Anal.*, 37, 404-413.

THE SYNTHETIC FUNCTION OF HOMOSEXUAL CATHEXIS IN THE TREATMENT OF ADULTS¹

By

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The last ten years have witnessed a considerable evolution in the concept and interpretation of homosexuality. It would therefore seem useful to describe this development in the psycho-analytic treatment of adults, which has finally led to a pregenital interpretation along lines indicated by Freud. This trend is in the nature of a synthesis of certain conflicting clinical data which, ten years ago, were bound to confuse any psycho-analyst on the threshold of his career. We shall be relying mainly on French research, partly to relate our description as closely as possible to our own experience, and partly because this synthesizing trend in the study of homosexuality in transference has assumed in France its most characteristic form.

The Problem of Homosexuality Ten Years Ago

There existed, side by side, two distinct theories; both equally well supported by clinical observation:

(i) Homosexuality was a defence mechanism set up by the ego, in regard to an unresolved fear of castration and a positive Oedipus conflict.

(ii) It was, in itself, a drive, as described by Freud in *The Wolf-man*, and corresponded to a biological attitude which, on the one hand, encountered a negative Oedipus conflict and, on the other, a narcissistic refusal by the ego to accept its function of creating an object relationship. On this point Freud allowed it to be understood that acceptance was the unconscious equivalent of a castration wish which, *ipso facto*, entailed its repression.

The simultaneous existence of these two concepts, according to which one and the same attitude might lead to such radically different results, could not avoid creating some confusion in the mind of the young analyst.

Further, there was a lack of clarity as to

the relationship between positive transference, described as a libidinal bond between practitioner and patient, and homosexuality. There was, however, agreement with Nunberg who declared that thanks to the positive transference the analyst was able to penetrate the patient's ego in the role of a more comprehensive superego. Even Reich admitted the existence of this process when he said that positive transference was a narcissistic bond concealing negative tendencies. Schlumberger, on the other hand, described the narcissistic aspect of transference at the beginning of analysis. We should note that this at least partially narcissistic quality of positive transference, which renders the patient receptive to interpretation, suggests an underlying homosexual satisfaction, whether the patient be man or woman.

The material collected in the course of work done on the treatment of psychosis and the psycho-analysis of children was beginning to arouse widespread interest. The theories of M. Klein, Federn, and Abraham attracted much attention.

Pregenitality, and the related types of object-relationships, then became a principal subject of clinical research, which was greatly enriched by the work done at this period by Lebovici, Diatkine and Favreau. The maternal figure began in fact somewhat to eclipse the importance of the father, a development which excited some repercussions and a certain disquiet. More and more authors came forward to defend the theory that, in certain cases, regression was so pronounced that the transference neurosis was directly characterized by the projection on the analyst of a maternal image which, being phallic and pre-oedipal, required an interpretation on the same level as the regression.

We have deliberately adopted a rather

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

schematic description of the enigma confronting the novice of ten years back, since it clarifies the progressive development of the theories which led to this perplexity. It seemed, in fact, as if in the course of psycho-analytic treatment the analyst would be simultaneously cathected with several differing identifications, whose continuity and relationship it was difficult to understand.

More recently a great deal of work, of which we shall only quote the salient principles, has been directed towards filling the gaps in the theory described, and to creating a coherent corpus of opinion. Bouvet, in an important series of publications, was the first to show that where pregenital fixations are such as to make object relations regress to aggressive desires for incorporation, the analyst is felt to be an omnipotent, phallic personage, cathected with the patient's aggressivity. The defence mechanisms, which vary according to the syndrome in question, then manifest a certain level in the object relationship. The destruction of projections in the course of analysis leads to the establishment of a positive homosexual relationship which permits the primitive, protective introjections necessary to the creation of progressive identifications. The positive homosexual relationship is unambiguously assimilated to the positive transference.

Pasche, taking up a Freudian concept, to which we shall return later, showed that the normal behaviour of a patient threatened by anxiety after the decathexis of a relationship is to re-cathect his libido in the direction of an ideal ego, a re-cathexis that automatically implies a homosexual relationship. Grunberger insisted particularly on the point that there can be no integration of the oedipal conflict without the support of an aggressive energy freed from pregenital fixations. The need for this aggressive energy is felt unconsciously as the desire for anal reception of the analyst's penis. The fantasies inspired by this desire are repressed, and it is only after their integration that the patient can frankly tackle his oedipal conflict. Although Grunberger often insisted on the dynamic value, in treatment, of this desire for narcissistic fusion, he never made it clear whether he linked these processes with homosexuality. His position seems therefore to be fairly close to that adopted by Bouvet who, as we have seen, pointed out the value of the omnipotent phallic personage projected on the analyst.

We ourselves have adopted a similar standpoint when pointing out that the evolutionary process which converts motor action into intellectualization is experienced by the subject as a profound modification of his primitive object relationship.

The primitive sadistic motor drives of the child are displaced, under the influence of the object, onto another object by means of active fantasy. Then, under the real or supposed inhibiting influence of the object, the latter is internalized as an observer, and the subject perceives himself as an agent. The earlier object relationship has become an internal object, thanks to a certain identification with the object as observer.

If this identification is established by the taking over of one of the object's qualities or attributes, it is also the result of the penetrating activity of the object which has imposed this relinquishment. Intellectualization appears after a series of mechanisms of the same nature, the subject then identifying with the real or supposed judgement passed by the object on the products of his fantasy. Here again there is both the taking over of a quality and a breaking in by the object which has enforced the relinquishment.

We have stressed the point that the whole process occurred during the anal stage, and showed how this type of relationship was re-experienced most intensively during analysis, in which the analyst observes the patient acting and forming fantasies and provides appropriate interpretations. The patient then re-experiences with intensity all the conflicts centred on his desire to absorb something of the analyst, and also to ensure that this something of the analyst forcibly penetrates him. The homosexual drive thus appears to be closely linked with the patient's acquisitive drives.

P. Luquet has shown that during the analytic work the frustration of the drives is largely compensated by a movement which satisfies deep-seated pregenital desires. The constant reference to the work of Bouvet shows his support for the theory that these movements appear in transference as conflicts affecting the homosexual drive.

We should like to make special reference here to the preponderating influence exercised on all this work by the teaching of Nacht. His insistence on the decisive effect of the analyst's human qualities on the outcome of psycho-analytic treatment led to a lively interest in the exact nature of the contact established

between patient and analyst and of the instinctual trends brought into action.

Thus a whole series of studies has been directed towards filling the gaps left by the theories in the problem of homosexuality in transference as presented some ten years ago. The concept of a movement of approach and the desire to be approached by an omnipotent phallic personage seems to be the essential point on which these theories converge. But what are the clinical manifestations of the underlying homosexual cathexis?

Aspects of Homosexual Cathexis in Transference

We shall now discuss schematically the classic manifestations of this cathexis.

(i) The cathexis may be marked by a positive transference established from the outset. In order to maintain its influence on the evolution of the treatment, it is sufficient to interpret the elements of conflict which may arise to disturb it, elements linked to the defensive system set up against oedipal aggression. The immediate establishment of such a transference can be observed in patients of oedipal structure. They are persons in whom the genital cathexes have been disturbed while the deeper layers of the ego have remained unaffected.

(ii) Homosexuality may appear in transference as a defence of the type: 'I am your object and not your rival, and to prove it, I castrate myself.' It then acquires an obviously masochistic quality and, as Grunberger has shown, the analyst needs to interpret the underlying attempt to absorb the violence attributed to the partner. This defensive system is particularly difficult to reduce when it entails the possibility of a secondary instinctual satisfaction, that is to say when, by an identification with the sadistic object, it permits a relationship of the same type with another object. Here we are dealing with an element of perversion with all its well-known difficulties.

(This latter system can, incidentally, be related to the types of behaviour shown by some individuals who feel compelled to seek a vitiated narcissistic support (moral masochism, drug addiction, etc.) so that they may thereby establish an equally vitiated relationship with another object.)

The display of exchanges in the object relationship normally occurs in the spaces left free by the ego, and indicates a lack of any early true structure-forming relationship, a lack which can only be made good by the establishment

of a positive homosexual relationship. This relationship is then capable of filling the lacunae characteristic of such ego qualities. But even if it can be established, it entails a great deal of work, the nature of which has been described by Bouvet in his contribution at the 1957 International Congress.

(iii) Where the structure is characterized by barriers which have fixed the libido at a pregenital level, the aggressive drives for incorporation and the projective mechanisms dominate the clinical picture and determine the nature of the defensive mechanisms according to the syndrome in question. Active desires to introject the omnipotent penis are mingled with the passive desire to be penetrated by it. But the projections turn the penis into a destructive and formidable object. Homosexual feelings are then felt to be particularly dangerous, as a threat menacing the unity of the ego, and are therefore repressed. However, the repression is rarely total and the ego usually maintains some receptive sector through which it is possible to establish a transferential link which will permit the circulation of an ever-increasing degree of nourishment. Thus it is in methods of approach, particularly, that we find variations in technique. In this connection Lebovici, Diatkine, and Kestenberg have shown how the technique of employing the psycho-analytic psycho-drama has often been the means of establishing an approach which would otherwise have been impossible. This technique makes special use of active penetration by the therapist or therapists into the narcissistic universe of the patient.

There still remains the question whether this apparently enigmatic contradiction between the theory of homosexuality as a drive and homosexuality as a defence, now apparently resolved by the study of pregenital object relations, was not already elucidated, in part or in whole, in the work of Freud. We are well aware that apparently original discoveries are often re-discoveries, and merely represent the long road we all have to travel before we can hope to stand up to the dazzling light of Freud's genius.

Theoretical Bases

Here again, in fact, the principal basis on which the classical and therapeutic concepts described are founded, was established by Freud.

When the subject, said Freud, comes up

against a painful reality for the first time, he begins by denying it and hallucinates a satisfaction. This defence is only temporary and the subject is led to recognize an external world, losing at the same time his sense of omnipotence. The lost omnipotence is then projected on the object, which becomes his first ego-ideal. In this statement Freud provided a striking schema of the mechanism essential to ego-maturation. The qualities and the richness of the individual's successive ego-ideals are the moulds in which his personality is formed. The ties which unite the ego to its ideals, Freud tells us, are built up by an essentially homosexual libido.

If the relationship is to be set up correctly and constructively, three conditions must be present:

(a) There must be a certain frustration which reveals the full reality of the object and, in particular, bestows on it new and hitherto unperceived qualities.

(b) The frustration must be compensated by a climate of affection.

(c) There must be a certain pressure exercised by the object as ego-ideal, which tends to direct the subject in a progressive sense, whilst satisfying his passive and receptive desires.

These three conditions are fulfilled in psycho-analytic treatment when a positive transference is established. The homosexual nature of this transference is obvious.

Neurosis is, basically, established in infancy by the dominance or absence of one of these three conditions, according to whether the ego-ideals are deficient or incapable of playing their part correctly. The ego structure is then profoundly modified by fear and guilt. The id perseveres in the hope of encountering valid ideals, or turns destructively against the whole personality.

In 'Analysis Terminable and Interminable', Freud tells us that the most difficult thing is to make men patients accept their femininity, and to make women patients relinquish their penis envy. In other words, whatever the sex, it is the passive-receptive tendencies which are the least acceptable.

It is in this respect that the study of pre-genitality has been of the greatest value. Beyond a certain threshold the subject's projection of aggression onto the object endows the latter with such destructive qualities that the temptation to passive desires, that is to say, to yield to the activity of the object, has to be resisted. Although the defences which are then erected

may vary in nature, they all have one common characteristic, the repression of passive homosexual tendencies.

In the same way the various defences against homosexuality often share the same characteristic of activity. This activity may be exteriorized in typical behaviour, accompanied or not by psychosomatic disorders, or may be integrated in psychical difficulties. The passivity of the defences paraded by some patients is an exhibitionist pseudo-passivity, which indicates either a state of intense vigilance, or a schizoid or acutely depressive withdrawal.

We consider that the classic conflict between passivity and activity may be attributed to a disturbance of the narcissistic supply from the object. The narcissistic supply, the unconditional and disinterested gift of the primitive and inadequate object, proves unacceptable owing to the mechanisms of projection deriving from the first aggressive reaction.

On the other hand, the narcissistic supply from the object, coming as a recompense for his active attitude, was acceptable owing to the distance which this type of relationship maintains between the two protagonists. It might be said that the subject agrees to be loved at a distance by the object, for what he does, but not at close quarters for what he is. The identifications which canalize defensive activity in such subjects lack the warmth which could only have been obtained by a more intimate contact. Such identifications are on the one hand poor in the quality of their love, and on the other hand frustrating, and therefore unconsciously retain the violent desire to appropriate the qualities of the object. In other words, if there is too much projection, the possibility of converting the object into something hopeful, an ego-ideal, is ruined, since the field of consciousness is exclusively occupied by the menacing aspects of the object.

This basic conflict, which is reinforced by the economic consequences which automatically ensue, may give rise to various personality structures. The libidinal poverty of the identifications which underly these structures indicates their avarice of affect and imposes on them a truly war-time economy. Any attempt at expenditure of libido is felt to entail a risk of haemorrhage. In such cases the progress of the analysis is possible only through a real contribution by the analyst, but this contribution can only be made after the raising of the embargo on the homosexual drive. Only

when the patient has acquired a relatively substantial reserve of libido can the oedipal conflict emerge clearly. Sometimes, incidentally, the treatment will appear to be a matter of come-and-go, as every heterosexual expenditure of libido reactivates a homosexual need.

It would seem useful at this point to define more closely the distinction between oral receptivity, which is not yet a homosexual drive, and anal receptivity, in which the homosexual drive attains its full dimensions. The oral avidity is looking for a global, undifferentiated supply, a vast sensorial contact. Hysterical subjects who, incidentally, often present an underlying anal avidity, display a characteristically oral picture when, for instance, they internalize unknowingly the voice of their analyst.

The desire for anal incorporation is characterized by the fact that it is differentiated, localized, selective; it is focussed on the qualities of the object, its way of living, cathected, incidentally, with magical omnipotence. This is what Bouvet has in mind when he makes it clear that transference in neuroses with strong pregenital fixations turns the analyst into an omnipotent phallic personage. Grunberger also shares this point of view when he describes the desire for anal reception of the penis cathected with great power, to which he gives the particularly appropriate name of 'dynamic penis'.

We have, of course, no intention of minimizing the role of the genital stage in the processes we have described.

One of us has dwelt on the post-oedipal reactivation of pregenital conflicts. The emergence of the phallic drive is accompanied, as Mallet has shown, by the incapacity of the infantile ego to integrate it correctly. The adult penis, ideal in its dimensions, becomes both for boy and girl the object through which it is possible to escape from the anxiety caused by libidinal retention. The desire to become possessed of it, to be penetrated anally by it, is reactivated. Here again the homosexual cathexis of an ego-ideal, a long-term cathexis, since the child believes that he will have 'all that' when he is older, provides an outcome from this anxiety.

To conclude, the homosexual drive appears as a drive connected with growth, and its

merits and defects leave their mark on all the identifications which go to form the individual ego. It is therefore not astonishing that it should play such an important part in the course of analytic treatment. In the treatment of women patients showing distinct pregenital fixations, the obvious, significant manifestation of homosexual desires take on a heterosexual form. Freud pointed out the presence of this phenomenon in women with eroto-maniacal symptoms.²

As Freud has shown, after a temporary and futile negation, the subject recognizes the object, reality. Infantile megalomania collapses with this recognition. The moment the megalomania is projected on the object, nostalgia for the past becomes hope for the future, and the subject's movement in pursuit of the ego-ideal imposes a formidable responsibility for the future organization of the subject's ego on the object cathected with this great power. The subject desires with all his heart that the object should be what he himself can become. Any shape taken by the aggressive aspects of this desire is directly related to the forms of the object relationship which is set up.

In *The Schreber Case* Freud states that the function of homosexuality is to free the individual from his narcissism and auto-erotism. Our patients, debarred from such progress by neurotic conflicts, revert more or less intensively to auto-erotic or narcissistic positions. They require a homosexually cathected object in order to remobilize a fixated libido. It is clear that in most cases the method of cathexis is vitiated by the conflicts which disturb the patient, and particularly by the unconscious dramatization in fantasy which produced the fixation. Every interpretation by the analyst which clarifies this libidinal blockage makes the patient conscious of a different way of living towards which he can once more move. If this way of living is then related to the personality of the patient, it is the analyst who reveals it and ensures its penetration of the patient's consciousness.

The ego can only acquire this new structure if the patient accepts both his desire for absorption and the passive-receptive satisfaction derived from his contact with the analyst. The positive transference is the manifestation of this acceptance, which is in inverse propor-

² It is, by the way, remarkable that the studies in which Bouvet demonstrated the variations of the homosexual drive in the transference neurosis should have begun with the study of the case of a woman patient.

Luquet has recently shown the importance of resolving pregenital conflicts centred on the fantasy of the phallic mother in order to establish a well-balanced femininity.

tion to the strength of the aggression projected on the object.³

The acquisitions which develop along with the reduction of projections are anal acquisitions. Orality is too brutal to permit of the relative delicacy of progressive insight which is necessary to the favourable development of the analytic treatment, particularly in its early stages. An obvious display of orality is, incidentally, often a defence against anal avidity. 'I want everything', is frequently a cover for 'I want that'. Analality is the quest for a qualitatively determined object.

Whatever the sex of either analyst or patient, anal acquisitions are evidence of homosexual cathexis. The transition from this primary form of homosexuality to the more evolved forms which we have seen adopted as temporary solutions to difficult oedipal conflicts is not one

of continuity, but a simple evolution related to the discovery of the qualities of the objects which have been adopted as successive ego-ideals. This does not imply any profound difference from homosexuality at the genital level, if the latter is fortunately achieved. Thus the part played by homosexual cathexis in the formation of ego structure is by continuity of development whether in the course of the child's development towards adulthood, or in the movement of analysis towards a cure. Psycho-analysts have thus the formidable responsibility of being cathected with ideal powers by their patients. It is their duty not to fail them. The need to bear without faltering the burden of the hitherto disappointed aspirations of our patients is a task of which we alone appreciate the difficulty. We should never succeed in fulfilling it if we were not ourselves sustained by a common ideal.

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³ Our understanding of the hazards imposed on object relations by the mechanisms of projection has been much enlarged by the psycho-analysis of children. Disturbance

of the binary relationship, early tendencies towards triangulation, reappear in the patient's difficulty in cathecting the analyst homosexually.

THE ROLE OF SILENCE IN TRANSFERENCE, COUNTER-TRANSFERENCE, AND THE PSYCHO-ANALYTIC PROCESS¹

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This brief presentation will be limited to those aspects of the problem of silence during analysis which relate to transference and counter-transference. In the course of my remarks I shall comment on silence and its relation to technique and emphasize the continuous role which silence plays in the psycho-analytic process. But first I should like to present some general preliminary thoughts on the psychology of human silence, in order to provide a frame of reference for the specific theoretical and clinical formulations which follow.

Let us conjecture for a few minutes what a state of silence between any two or more people might mean. Obviously, it could reflect many different psychic states and qualities of feeling. It might evidence a state of agreement, disagreement, pleasure, displeasure, anger, or tranquillity. The silence could be a sign of contentment, mutual understanding, and compassion; or it might indicate emptiness and complete lack of affect. Human silence can radiate warmth or cast a chill. At one moment it may be laudatory and accepting; in the next, it can be cutting and contemptuous. Silence may express poise, smugness, snobbishness, taciturnity, or humility. Silence may mean yes or no. It may be giving or receiving, object-directed or narcissistic. Silence may be the sign of defeat or the mark of mastery. When life-and-death situations are being sweated through, there is little occasion for words. Silence prevails when the 'moment of truth' is at hand, for, as has been said, silence is closer to truth than words.

Silence may be discreet or indiscreet. A tactful silence serves to prevent the expression of inappropriate thoughts and feelings. The art of being tactful combines the skilled use of silence in verbalized as well as non-verbalized action.

Thus there is a component of silence in every verbalization. When absolute silence is not feasible, a gesture, grunt, or mimetic expression serves as a compromise between verbal and non-verbal communication. As Loewenstein has pointed out (3), to speak means to commit oneself to the externalization and auditory perception of one's inner thoughts, hence to the conscious knowledge of the existence of certain ideas and affects within oneself. And conversely, to be silent means to be safe from others and from oneself. Silence isolates and tends to create a closed circle. It serves to shut in one's inner thoughts and feelings and at the same time shuts out the perception of external stimuli. This may be a voluntary act or it may be an unconscious protective process against any kind of threat, real or fantasied. The motor activity of speech, i.e. the muscular action of vocalization brings speech closer to reality-testing than silence. Speech is less subject to the magical fear of the interchangeability of thought and action than is silent, unspoken thought. Not to hear one's thoughts makes it easier to deny them. During silence the ego endeavours to cover up unacceptable thoughts or feelings, but while doing so the body involuntarily 'leaks out' those very feelings.

During states of apathy or depression, we speak very little or not at all. The silence of the melancholic or the mutism of the catatonic communicates non-verbally to an empathic observer the intrapsychic suffering and the autistic withdrawal. Silence in the hysteric may symbolize death or represent an unconscious identification with a dead person. In primitive thinking, the silence and immobility of sleep and death are the same. Silence in dreams often symbolizes death. Silence provides a healing

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

This paper is a condensed version of part of a larger study by the author on 'The Psychology of Silence'.

atmosphere for the sick, helpless, or bereaved. Silence in the hospital, nursery, church, library, or analyst's office serves as a protective shell offering warmth and supplies on different functional, symbolic, and sublimated levels. The total impact of silence throughout life has, in fact, such a wealth of meaning and influence that only a fraction of its potential can really be appreciated. For silence, like thought itself, permeates all levels of human functioning, from the infantile to the most mature. Thus it provides a continuous medium for the communication of affect.

With these introductory remarks, let us now consider some of the technical uses and specific meanings of silence within the psychoanalytic method, and deal first with the contrasting roles and prerogatives of analyst and analysand, indicating their respective vicissitudes during the course of treatment. Every analytic contract includes in its initial arrangements a simple statement of the method of treatment, a clear financial agreement, and an agreed schedule of working hours. Because of his need and wish to be helped, the patient accepts these conditions, comes at the appointed time, and begins the analytic task of verbally reporting all conscious thoughts and feelings. The analyst observes and listens. The method starts out simply. The patient is unaware and the therapist uninformed as to the course the analysis will take. The patient's verbalizations together with the analyst's silence constitute the standard framework of the method. The roles originally agreed upon of patient-as-talker and analyst-as-listener continue as the centrally structured part of the analytic setting. Every analytic hour starts out from this operational baseline and automatically returns to it. Only when the analyst intervenes does the patient become a listener. The moment the analyst stops talking, the situation reverts to that of patient-as-talker and analyst-as-listener. This part of the method operates like an automatic pilot, no matter in how flexible or un-stereotyped a manner the analysis is otherwise conducted. From this traditional procedure any appreciable patient-silence that ensues, for whatever reason, has been loosely regarded as 'resistance'. I shall illustrate later, with a few clinical excerpts, some of the difficulties which may result when this aspect of the fundamental rule governing silence and verbalization is too easily taken for granted. My purpose now is to show how the use of silence during analysis, whether it be a pause or a prolonged interval,

serves either to promote or impede the analytic process. Which of these occurs will depend on how the patient uses silence in the transference and how, likewise, silence is dealt with by the analyst. Let us examine this point more closely: When the patient's speech is inhibited and silence prevails, the analytic aim is not merely to get the patient to speak, but to try to make meaningful for him the unconscious reasons for his inability to speak. If silence poses itself as a presenting problem in the analysis, it has to be analysed like any neurotic conflict. If it shows up as a transitory ego attitude or a persistent character trait, it likewise has to be appropriately interpreted and worked through.

In the light of modern ego psychology and the corresponding advances in our conceptualization of transference, we are better able to appreciate how the analyst's words, voice, and attitudes are magically introjected by the patient and how these introjects are used to gratify his unconscious needs. I shall demonstrate later how the analyst's *silence*, depending upon its use and meaning, may either *provide the patient with or deprive him of* such gratification. In one of his papers on counter-transference, Racker (4) stressed the point that the *patient's* words and ideas may at times be used as gratification ('nutriment') for the *analyst*. I should like to add to this that in such analytical situations the *patient's silence* may likewise be improperly dealt with by the analyst and be felt within himself as wilful retentiveness, emptiness, or nothingness, a probable evidence of 'counter-transference' reaction in the analyst due to his own unconscious feelings of deprivation.

Silence during analysis may be used in the service of resistance or it may supply content. It may be anxiety-laden or conflict-free. The silence may be a sign of ego regression or ego mastery. It may emanate from id, ego, or super-ego. One should keep in mind that silence may be used consciously or unconsciously in all these capacities by analyst or patient, with accompanying frustration or gratification. If the feeling behind the analyst's silence is a consistently benevolent one, it will greatly help the silent patient, following a period of trial testing, to verbalize. During this preparatory non-verbal period, self-assurance and self-realization develop *if the patient senses that the analyst's silence grants him the right to be silent* if he is unable to speak. Thus, there can be fused in one and the same analytic interval an abstinent, yet benevolent, maturative atmosphere which

gradually permits of reality testing within the analysis by eventual verbalization. If, however, the analyst's silence in one way or another denotes impatience, boredom, indifference, or annoyance, this will surely be sensed by the patient and be thought of as disapproval, rejection, or condemnation. The analytic situation may then become an actually depriving or hostile one. Silent intervals of this order may prove intensely resistant. We have all experienced the negative effects of intervention during such periods. Breaking into such a period of reactive silence with a question such as, 'What are you thinking?' usually evokes the reply, 'Nothing', or 'My mind is a blank', or 'Oh, you still here?' followed over again by continued silence. It is, of course, true that these very remarks contain important hidden meanings, but the emotional climate of the analysis at that particular time precludes their utilization.

With orally fixated patients prolonged periods of silence may, depending on its quality, increase the inhibitory resentment or, conversely, may provide a non-verbal, libidinal matrix in which the affective qualities of speech subsequently take root. The pre-verbal origin of this interpersonal phenomenon is beautifully described by Greenacre (1):

'... Even if the periods of repeated contact between two individuals do not comprise a major part of their time, still such an emotional bond develops and does so more quickly and more sensitively if the two persons are *alone together*, i.e. the more the spontaneous currents and emanations of feelings must be concentrated the one upon the other and not shared, divided, or reflected among members of a group... I believe the matrix of this is a veritable matrix, i.e. comes largely from the original mother-infant quasi-union of the first months of life. This I consider the basic transference, or some part of primitive social instinct.

'Now if both people are adults but one is troubled and the other is versed in the ways of trouble and will endeavour to put the torchlight of his understanding at the disposal of the troubled one, to lend it to him that he may find his way more expeditiously, the situation more nearly approximates that of the analytic relationship. The analyst acts then like an extra function, or set of functions, which is lent to the analysand for the latter's *temporary* use and benefit....'

Currents of empathy or antipathy which accompany speaking and which may emanate during an interval of silence represent adult derivatives of the pre-verbal child-mother

relationship. The benevolent attitude of the analyst makes it possible for the patient to tolerate the abstinence created by and essential to the analytic process. If during a state of silence the analyst, in any non-verbal manner, evidences a withdrawal of this empathic attitude, or in Greenacre's words 'this extra function', the analytic process is deflected or arrested, for the patient reacts to the actuality of the situation, just as he might to any external interference or interruption. We are aware that proper timing, dosage, and the use of tact when making analytic interpretations are as essential as the interpretation of content. This is no less true of the analyst's use of silence. The misuse of the analyst's prerogative of silence, either by gross omission or by failure to make a subtle or timely intervention (maybe just a grunt or an 'ah!'), may have strikingly untoward effects. The patient is often ready and the analytic situation ripe for the analyst to speak, but for reasons within himself (counter-transference) the analyst remains silent. The listening attitude of the analyst is a good barometer of unconscious counter-resistance. It takes two to maintain a silence in the same way that it takes two to make an argument. It is common experience that some patients endeavour to convert the analytic situation into an argumentative one. This form of verbal resistance is familiarly dealt with by appropriate and timely interpretation. That a patient's silence can induce a non-verbal stalemate if the analyst unknowingly participates may not be so clearly recognized. Or the analyst may be confused, fatigued, seduced, or immobilized by the patient's continued silences. Kris (2) has pointed out that silence in the transference situation affords the patient an opportunity to invite the analyst to share in the emotional experience of his fantasies. Silence thus may be aimed at inducing the analyst to re-instinctualize the process of empathy and to elicit counter-transference responses which amount to a shared acting-out, a joint repetition instead of recollection.

How then can such intervals be best managed? What determines the optimal period before intervening and what type of intervention is best? Should one question directly, 'What are you thinking?' or less directly, 'What do you think your silence might mean?' Or should the silence not be mentioned, and the patient's attention be directed to a particular gesture or body movement? Should an inexact interpretation of what has been gathered from preceding material be

attempted? Should one resort to suggestion, persuasion, or explanation? Or should one just wait for some strategic moment or unexpected break in the situation, meanwhile meeting silence with counter-silence? Obviously, there is no single or simple answer. Each analytic situation is unique. Careful watching of the counter-transference, however, may often touch upon or bring in the meaning of the silence. If the analyst can be both as empathic and as objective during intervals of silence as he is when the patient or he himself is speaking, he may discover how certain of his own silences are inappropriate and are determined by previously hidden emotional factors within himself.

I have posed two comparable problems: *How the patient's silence affects the analyst* and *How the analyst's silence affects the patient*. I have pointed out that a patient's silence stimulates thoughts and feelings in the analyst on conscious and unconscious levels and that these feelings relate to the patient's previous verbalizations, his body-set, or other somatic indicators. The analyst's own thoughts and feelings during silence ought not to complement, oppose, or otherwise *improperly* interact with the specific thoughts and feelings underlying the patient's silence. To maintain such neutrality, the analyst has to be aware of the subliminal, highly delicate transference factors in the patient's silence, else he will enter into the patient's conflicts. If this happens, the analyst becomes the silent accomplice of the patient's neurotic silence and reacts to the appeal or other emanations of feeling which the patient is non-verbally communicating to him.

Silence in analysis may be a sign of the patient's fixation at any psychic level. The classical model of the psycho-analytic situation by its very nature induces temporary regression permitting the psychic apparatus to revert to early levels of frustration and fixation. When the regression has been maintained and the original frustrations have been re-experienced in the transference, the infantile needs may thereby become attenuated. Some maturation of the ego then ensues. The libidinal factor in psycho-analytic therapy is a real as well as a symbolized re-enactment of the original child-mother situation. The primary transference (oral gratification) may be easily misconstrued and dealt with as a state of resistance, the content meaning of the silence being overlooked. If the analyst does not tyrannize the patient verbally and maintains an empathic, listening silence, the patient's primitive

ego seems ultimately to be strengthened. This is therapeutically possible if the analyst remains alert to and interprets the meanings of the silence and how it changes from time to time. He then knows, like the wise parent, when and how much frustration can be instituted in the service of maturation. The orally fixated patient, having filled up during a period of silence by the 'psychic alimentation' of the analyst's nutritional words or his nutritional silence, is thereby enabled to verbalize (sphincter willingness to present a gift, thus completing the infant-mother transaction). On other disturbed or regressed levels, the patient's silence may be a sign of autistic withdrawal or temporary splitting of the ego. In these situations, the analyst must know when to reintroduce himself as a real object, for his silence may then no longer be in the service of the analysis. The interaction of patient-silence and analyst-silence promotes the analytic process only as long as the patient's regression remains in the service of the ego. If the silence is taken over by forces of the id or superego, either of patient or analyst, the analytic process stops.

A patient's silent attitude during the analytic session may constitute a form of acting out, within the analysis, and may eventually reveal its specific meaning as though it were explicitly verbalized. The following clinical excerpt is presented in order to illustrate how the analyst's silence, in this instance a counter-transference reaction, interacted with certain transference feelings which the patient was experiencing during an interval of silence.

This patient was a highly intelligent young man, outwardly aggressive but inwardly frightened, a narcissistic character, unaware of his egocentricity and selfish disregard of others, yet gifted with an uncanny sensitivity to the unconscious feelings of those about him. After a long period of absolute silence, he abruptly exclaimed: 'A person sure has to be dedicated to be a psycho-analyst. I got to hand it to you, Doctor. To sit in a room all day while the sun is shining outside . . . I don't envy you having to put up with the likes of me, taking all the contempt and crap that I dish out, *especially during these long silences.*' This patient was at the end of the third year of his analysis. Many determinants of his frequent silences had been uncovered and worked through, but his most tenacious silent intervals had occurred when he acted out against me his repressed childhood resentments and his unconscious need for revenge. He very soon exhibited towards me the same aloof, indifferent attitude which his parents and grandparents had imposed upon him since early

childhood. Of the many unreasonable restrictions of movement and speech through which he had suffered, the one which hurt him most was his not being allowed to speak unless he was first spoken to. He was a miserable only child of middle-aged wealthy parents. He was and felt excluded, unnoticed, and alone. He lived in a world of tall buildings and tall adults. He felt lost in the huge, modern hotel apartment in which he lived. At the dinner table he was dealt with by his parents as though he were non-existent. These unhappy and deprived features of his life were well known to both of us. Their recurrence in the transference neurosis had been interpreted many times. But he clung obstinately to this silent, resentful attitude. Not until I recognized how my own silence had unwittingly played into the specific purpose of his silence was it ultimately worked through. The point I wish to make is that the patient sensed in my silence an unconscious affinity on my part to absorb the contempt which he was silently but inexorably projecting on to me. As I observed him during this interval of silence, I thought, 'His hatred and contempt for his father have been transferred on to me. He continues to pick his nose and act out his displaced anal-sadistic fantasies as he drops the black nasal crusts on the rug beside the couch.' My thoughts continued, 'But his silence and acting out of these feelings have already been interpreted many times, and their unconscious meanings ought surely to be clear to him. Why is he still unable or unwilling to verbalize them?' While so thinking I remained silent. And by so doing and not voicing the above interpretation the moment *his silence and acting out* were meaningful to me, I played into and enhanced his acting out of the transference, thereby aiding the specific purpose of his silence as a manifestation of the neurotic process. As a result of my not intervening, the reality of the transference situation re-enacted *too vividly* the original childhood feelings and their accompanying neurotic defences. This gratified the patient's omnipotent, sado-masochistic needs rather than exposing them by timely interpretation. This patient was giving me the identical 'silent treatment' which his father had given him; at the same time he was also being the silent analyst. It was his intense guilt which ultimately made him break the silence, thereby enlightening both of us as to how our interacting silences were being used in the transference-counter-transference. Admittedly there is much to be gained from the careful analysis of such analytic occurrences. Otherwise these interacting silent states remain obscure, the silence persists, recurs, or is manipulated at the expense of analytic progress.

Soon after the above episode, this patient's repressed death wish against his father emerged in a rather unusual way: During a period of prolonged silence, he developed a fine, clockwise, circular tremor of his head. In his associations to this rhythmic head movement he became aware of the accompanying fantasies and explained that, at that

moment, he was not only wasting ('killing') my time by being silent, but was also magically forcing the hand of the wall clock to go around faster in order to bring about the end of the analytic hour and be rid of me. This kind of barely discernible motor activity or posturalizing during a period of analytic silence is not unlike what I have elsewhere described as 'Acting-In' (5). It is a repetitive, symbolized posturalization or muscular expression of a thought process (in this instance a magical wish). As he became aware of the meaning of his silence and the concomitant acting-in, his parricidal wish and feelings of genital inadequacy emerged. Shame-laden childhood memories returned as he continued, 'If you would die, then this horrible chapter of my life, i.e. this analysis, would become a closed book. Let's face it, I'd like you out of the way. After all, I'm more than twenty years younger than you and I can outlast you. My analysis reminds me of all my weaknesses; and by getting rid of you it would all get written off like disappearing ink. It's like when my mother took me to Dr X, who gave me shots when I was 12 years old so my penis would grow larger. I didn't want anyone to know, I felt so ashamed in front of the boys in the locker room. . . . My penis was so small and I wanted mine to be big like my father's and I wished him to be dead so I could take it away from him. . . .' (and so on with further associative memories, self-realizations, and increasing insight).

The essential nature of the psycho-analytic method is such that it is not only conducive to, but should not avoid, silent intervals, repeated deliberation, or even marking time. The familiar pause during which self-realization and insight are being registered constitutes not only a phase in, but is an integral part of, the psycho-analytic process. The passage of time ('Elixir of Time') is as indispensable a factor in the psycho-analytic process as it is in the realm of physical growth, development, and cure. The cogent elements which make psycho-analytic interpretation a therapeutically effective instrument include not only what the analyst chooses to *say*, when and how he says it, but also his more frequent *silences*, during which periods he advertently or inadvertently communicates his feelings.

Discussion and Summary

Silence is a complex psychic state not easily classified or systematized. Although antithetical to speech on a verbal level, a state of silence may non-verbally communicate an existing mood, attitude, aggressive or libidinous thought or feeling.

Silent intervals during the analytic hour are

neither random intermissions nor analytic rest periods. They are richly overdetermined mental states and, along with the related processes of verbalization, thinking, remembering, and posturalization, play an essential part in the psycho-analytic process. Silence, together with body postural attitudes and their somatic concomitants, provide both resistance to and content for the psycho-analytic process. From the structural hypothesis of ego psychology, silence has been conceptualized as a multi-determined ego attitude. By the defensive use of silence the unconscious ego precludes or binds internal verbalization (repression); the conscious ego suppresses verbal communication on an expressive, auditory level. The process of verbalization may be conceived topographically as being blocked at any level in the system Cs-Ucs; from unconscious levels of primitive fantasy-formation to effective, reality-oriented ideation and finally to the conscious motor act of speech (vocalization and articulation). From an economic viewpoint, the cathexes of aggressive and erotic feelings experienced during silence are discharged through non-verbal channels, verbalization as an avenue for the discharge of these affects being blocked by the counter-cathexes of silence.

I have tried to show how analyst-silence as a component vehicle of the transference provides the non-verbal matrix in which the therapeutic process is initiated and maintained. As treatment progresses and the infantile part of the patient's ego undergoes maturation, this initially fragile relationship gradually becomes more structured and increasingly cathected, i.e. object-related. The qualities of silence immanent in the analytic situation and genetically derived from pregenital levels contribute to the preverbal and later verbal nature of transference, counter-transference, and the maintenance of the therapeutic alliance. During the course of an analysis, patients re-enact in the transference all or many of the original uses and meanings of silence which have accumulated or been synthesized from different developmental levels. Unless the analyst is correspondingly aware of the many meanings and uses of his own silence, he, too, may unconsciously re-employ his original silences in the counter-transference. With a more thoroughgoing understanding of the metapsychology of silence, this remarkably ubiquitous, richly determined, and perplexing human attribute can be sharpened into a more meaningful phase of the psycho-analytic process.

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ON THE TRANSIENT DISINTEGRATIVE EFFECT OF INTERPRETATIONS¹

By

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This paper is an attempt to contribute to a particular aspect of the phenomenon we call the 'analytic process'.

We have the opportunity to observe in our daily practice that the consistent application of interpretations may cause considerable and lasting changes in mental dynamics. We are also fully aware of the precarious balance which may arise in the course of treatment. The rule of abstinence lays particular emphasis on speech, on words as the sole desirable tool of treatment with adult neurotics and the main vehicle of communication with children and psychotics in treatment. Loewenstein (9), discussing the role of speech in psycho-analysis, states that 'there is no more powerful magic than that of words. This is perhaps the one realm where so-called magic is really operative.' This view leads us to several essential features of the transference neurosis in which the present is experienced in terms of the past. The revival of the past means the return of archaic thinking and relationships.

M. Balint (1) has shown in a series of theoretical and technical papers that the archaic mother-infant relationship operates and manifests itself at several crucial phases of the analytic process. Heimann (7) expresses similar views: 'The functional unit of analyst and patient reproduces the functional units which the patient experienced in the past, first with his mother's body, and later with both parents.' Greenacre (5) points out that 'the non-participation of the analyst in a personal way in the relationship creates a "tilted" emotional relationship, a kind of psychic suction.' Hartmann (6) stresses the importance of what he calls the principle of multiple appeal. He objects to the notion that the analytic process can be directed

in the form of layer-to-layer working. He emphasizes that intrasystematic and inter-systematic correlations and overlappings are present at every phase of the therapeutic procedure and refers to the importance of speech and language in this shifting from 'certain spheres of the ego to other functional units within the ego'. Lorand (10) states that some phases of the transference neurosis may be experienced by the patient as extremely traumatic. 'The regression to pregenital fixations may involve a defence against the more dangerous, threatening situation arising from the analysis, which aims to make the patient adult in his reactions.'

These quotations amply support the view that interpretations precipitate a complicated and controlled, but nevertheless traumatic process.

Finally I wish to quote Freud's (4) views on this point. In 'The Dynamics of Transference' he gave an account of the dynamics: 'The unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavour to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination (*Halluzinationsfähigkeit* in the original). Just as happens in dreams, the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation.' Twenty-five years later, in 'Analysis Terminable and Interminable' (3) he discussed 'our therapeutic ambitions': 'We expose the patient to a measure of real suffering through frustration and the damming-up of libido. Now it is true that in ordinary analytic practice we do make use of this technique. Otherwise, what would be the meaning

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

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of the rule that analysis must be carried through "in a state of abstinence"? But we use it when we are dealing with a conflict which is already present. We try to bring this conflict to a head and to develop it in its most acute form in order to increase the instinctual energy available for its solution.'

I want to discuss those immediate effects of the transference interpretations which may be responsible for these dynamics.

An Illustrative Session

I want now to discuss some aspects of a session with a 34-year-old unmarried male patient. He came into treatment because of his inability to settle down to any trade or job.

The patient spent many months in his childhood with his grandparents and other relatives, since his father did not then earn enough to keep the whole family together. Nevertheless his brother who is six years younger was always with the parents. He did military service in the Pacific theatre during World War II. After the war he entered college and left it a few weeks later. Then he held a well-paid business job for a couple of years and spent his earnings on the Continent in the following three years. After he returned he drifted from one job to another. In the last ten years he spent many hours in public libraries, reading greedily and acquiring a great deal of unorganized knowledge, particularly on art and psychology. His sexual life consisted of many love affairs of shorter or longer duration.

Neither the anamnestic data nor the first year of his analysis showed signs of psychosis, or traces of any thought disorder.

The session was chosen as an illustrative one because of the swiftly changing dynamics. It represented the harvest of many previous sessions in which some of the patient's resistances and acting-out were discussed and interpreted in detail. Thus the analyst's attitude is characteristic only for this type of session. We find similar sessions in every patient's analysis.

It occurred in the sixth month of his analysis (four sessions weekly).

He began with one of his usual attacks on me. His previous attacks were directed against my ignorance of American culture, my stupidity, my incompetence as an analyst, the rigidity of the orthodox group, my inability to point out anything to him he had not known for ten years. The attack in this session was provoked by my necktie. He considered it tasteless and commercial. This in his own words 'worried him no end'. He soon worked himself up in his bitterness against my bad taste. I interpreted, referring to previously discussed material, that 'teasing anger' is the only emotion he has allowed himself to develop since childhood, when this was his only weapon against adults. There he

feels in the old rut, which is unpleasant yet well known. Any other emotion, like sorrow, tenderness, or rage, may, in his opinion, get out of hand.

Here an attitude of the patient which may have been quite realistic, namely his criticism of my bad taste, was taken out of its actual context. It was connected with the general pattern of his object relationships. But this part of the resistance interpretation also contained the statement that as a rule he was constantly on the brink of conscious fear. Actually the interpretation was a statement to the effect that 'You are afraid of your feelings towards me', and thus inevitably contained the further statement: 'You are afraid of me'. The interpretation threw him from the secure position of his 'good taste' into a position of emotional insecurity. He offered a rationalization for his attitude, displaying a well-organized integrative ego-function. He found out, he said, that rubbing people's sore spots was the most successful way to get at the best of their knowledge. Therefore aggression was the most useful and fruitful attitude for him, and even for the 'teased' ones, since this gives them the opportunity to show their best qualities.

This integrative functioning, which offered a 'philosophy of life', did not last long. He was not able to escape from the position into which the interpretation pushed him. He slipped into the infantile position established by the interpretation and recalled a very sad and important experience of his life.

'I was thrown out into the world. When I was six, I once again lived with my ageing and uneducated grandparents. On my sixth birthday I expected my father to visit me, as he had promised. Though my grandmother assured me that father would not come, I did not believe her, and was waiting for my father in front of the house sitting on a bench. Time passed and everybody went in for dinner, I did not leave the bench because I wanted to see him when he turned round the corner. Night fell, everybody went to bed, I was sitting and waiting there, until dawn came, and my grandmother forced me to go to bed. Never, ever did I trust anybody again.'

This last statement made it obvious that through the introjection-projection mechanisms the analyst became identical with a definite 'bad' aspect of the father. The following interpretation made this process conscious and gave it a broad basis by voicing some of its dynamic ramification.

I told him: 'You resent and distrust me because of my bad taste just as you resent and distrust your father. But your distrust and resentment go further than the matter of taste. You think, part of your mind thinks, that I am as neglectful and incapable of understanding you and helping you as your father was. In a way you feel the same helplessness and despair you felt while sitting on the bench and waiting in vain for your father.'

This interpretation not only restated the identity of father-son relationship with that of analyst-patient relationship, but also stated explicitly that his

present anxiety was identical with that of the 6-year-old boy.

This shifting through the traumatic effect of the interpretation, from a given functional unit of this patient's ego into another, was followed by a renewed attempt to split off again the traumatically evoked complex. The patient swung back to the social doctor-patient level, and said that he knew that in order to have a successful analysis we should get 'emotionally involved'. A further sign of resistance was the denial of the previous infantile anxiety situation. He said: 'I cannot hate you, I cannot love you, I cannot even despise you.'

The next interpretation was aimed at breaking through this resistance in order to re-establish the previous merging of oedipal units with the transference relationship. I told him that in my opinion just the opposite was true. He was afraid of being too deeply involved with me. This frightened and confused him in the very same way as his relationship to his father had confused and worried him since his childhood. Nevertheless he created a situation which made him dependent on both of us, his father and his analyst. The former pays for his analysis with the expectation that the treatment will help him, and I treat him with the understanding that his father will pay for his analysis. While as a child he was forced into dependence on his father and one or another relative, at present, *he enforced* a similar situation of sharing responsibilities for him between me and his father.

What followed showed that the chain of these few interpretations brought to the fore a particular split-off complex of his father relationship. He burst into derisive laughter which gradually turned into a half-crying, half-begging soft childish voice, soon becoming more and more insistent, and finally passionate. His first sentence was a manifestation of resistance, in order to escape from the actual transference situation: 'You don't do anything for me and you don't mean anything to me.' Then he slipped into a passive homosexual, masochistic plea: 'You should smash me into a pulp, cut deep into my flesh, hurt me, make me suffer, and then rebuild a new man, so that I could do whatever I wanted to do.' A split-off complex emerged here, the screen memory for which may have been the memory trace of the little 6-year-old boy desperately waiting for his father. The dangerous, destroying and love-demanding aspect of his father appeared, an archaic precursor of his superego, aiming at physical destruction.

The primary processes came into manifest operation for a short while. Regression, condensation, displacement, and symbolism took full toll of the situation. Split-off fantasy fragments reappeared and in a state of transitory disintegration took possession of the functioning ego. But more than just disintegration occurred. A simultaneous presence of various developmental stages and object relationships took the field at one and the same time.

The ego parts were interlocking; a conglomerate of related part complexes and of the actual patient-analyst relationships was present. He almost immediately recovered from this disintegration. He renewed his attacks on me with derisive mockery and stated that my passivity and patience was a cover for my ignorance and my inability to get to the core of the matter.

My next interpretation was that he considered his father at many stages of his past as cruel, ignorant, and negligent. He felt the same way in many respects towards me, since I do not hurry, in his opinion, to his help, and do not relieve his tension, just as his father did not hurry to him on that fateful birthday.

Subsequently he turned to attack his mother. He began talking about his mother's negligence, her bickering character, her absolute lack of understanding. A remark of mine, referring to already discussed material, and pointing to his fear of tenderness, triggered a series of associations and involvements in his relation to women in general and his mother in particular. He told first in a surprised voice: 'You know, I don't like women's fingers touching me during conversation. What I hate nowadays with my mother, whenever I visit her, is that she is all over me, caressing and kissing me.'

At this juncture I uttered a 'Yes', which threw him into a fit of anger. He shouted at me: 'You stop with your hypocritical "yesses". You are interested in my money only, I am fed up with your pretending interest in me. I hate this hypocritical, insincere soft voice.' Several aspects of the mother appeared in the transference at this point. The tenderly loving as well as the destroying one, desire and fear were experienced at the very same time in quick oscillation.

The interpretation following this outbreak pointed out to him that he was longing for the analyst's soft and soothing words in the very same way that he was longing for the caressing fingers of his mother, and the tenderness of the women in his present love-life. He is full of resentment, because his mother abandoned him in his childhood so many times, and I abandon him at the end of every session for the sake of other waiting patients (this referred to discussed material). And what hurts him even more in the actual situation is that he feels that I am out for his money, would not treat him if he did not pay, and even treat other patients more cheaply. His mother sent him away for lack of money, but always kept his brother at home. 'Yes, he was the little darling, he never disappointed them, he is the big success, he has got two children.'

Again the interpretation put into words various part-conflicts of the patient. The interpretation forced his ego, through connecting present and past, to face these conflicts simultaneously. This established the archaic son-mother relationship and stated the openness of the ego boundaries, creating a conglomerate of the various part complexes.

The Multiple Impact of Transference Interpretations

In this paper I have tried to demonstrate with a few examples the operation of the multiple appeal of transference interpretations. My main concern has been to concentrate on the phase which precedes reintegration. I made an attempt to go into the details of this traumatic situation, first described by Freud in powerful language. On account of the prevailing primary process dynamics a transference interpretation has three main spheres of impact.

(i) A global one, its effect operating as a whole, embracing the total meaning of the sentence or sentences.

(ii) The fragments, single words or word groups act in their own right, appealing to upsurging ego units or to different parts of the conscious functions.

(iii) The fragments of the interpretation may touch ego units which at the given moment are far from the integrated part of the ego.

This warns us that even a so-called 'superficial' interpretation of resistance may set in motion so-called 'deep' layers. An effective transference interpretation embraces several functional spheres of the ego, but also several developmental phases of ego development. The dynamics described recreate the archaic-magic world of the pre-oedipal and oedipal phases. Therefore the interpretations, the words of the analyst, represent also the archaic-magic omnipotence of thoughts, emotions, gestures. A further consequence is the increased openness of the ego boundaries. There is a simultaneous emergence and interlocking of different functional units of the past and of the acute transference situation. At a given moment of the transference process the analyst is identified with part of an archaic parental representation and only this part is subjected to a well organized cathectic process. Other facets of the analyst act at the very same time. They appeal to different parts of the ego, and stimulate the transitory reappearance of complexes that were not directly referred to in the actual interpretation.

This complicated chain of events I would like to call conglomeration of conscious and of split-off ego units and functions. This creates a situation as fragmented (to use Ferenczi's (2) term) as the original infantile traumatic situation was. This interlocking, this conglomeration of part-conflicts in the primary process dynamics, precipitated by the interpretations, maintains the traumatic tension, which Freud considered necessary

for the redistribution of available drive energy.

Also, the transitory conglomeration of the thinking process of different developmental stages is enforced by an interpretation. The patient's fantasies about the analyst, his 'logic of the transference', are brought together with his thought symbolism in reality and also with his thinking at one or several stages of his development. Thus a transitory conglomeration of thought symbolism occurs; mature logical thinking is interlocked with different forms of infantile magic thinking, which may have the colouring of the oral, anal, and other stages. Abstract thought symbolism conglomerates with the magic symbolism of words and gestures. The assumption is, that the enforced, traumatic interlocking of split-off ego fragments and units, a kind of transitory conglomeration, is the pre-condition for the redistribution of energies, which may lead among other things to sublimation. This interlocking of mature and infantile drive derivatives could explain the fact that ecstatic states as well as schizophrenic episodes may lead, through hallucinations and other pathological phenomena, to sublimations of high social value.

I pointed out elsewhere that we are often able to observe transitory depersonalizations after interpretations which 'click'. I assumed that the trauma of the interpretation caused a transitory disintegration within the ego. I also observed, in psychotic patients, far-reaching changes of the body image, occurring during the analytic process. They were of short duration, and were supposed to represent regression to very archaic preverbal thinking where the main vehicle of rudimentary thought symbolism was the body image and its changes.

I refer to these observations here since they represent relatively rare, though very conspicuous, manifestations of the same processes of transitory disintegration which I tried to demonstrate in the case of this neurotic patient.

States of disintegration occur constantly during normal development, creating possibilities of further integration, or a starting-point for faulty fixations. Play is an example when we are able to observe these phenomena *in statu nascendi*, furthering maturation. The dream is another example of their occurrence, during a period of normal loosening of age-adequate ego-integration. The psychotic episode is a pathological example of similar dynamics.

In a previous paper (11) the assumption was

made that the play of children consists of the alternating dynamics of disintegration-integration. Normal development and environment create conflicts which are handled by the ego through play, where the split-off ego parts linked with the actual experiences take over the field of activity. The flooding of the ego with the hitherto split-off parts lends a kind of ecstatic pleasure to the playing child. The play activity of the split-off disintegrated parts enables the ego to accept the content of these parts. The split-off parts temporarily become parts of the conscious integrated ego in a more or less disguised form during the oscillatory process of play. This then gives an opportunity to handle them, to undergo the traumatic experience in a controlled form. Thus play furthers integration through transitory disintegration.

The dream work displays dynamics which are in many respects similar to those of the trans-

ference effected by interpretations. Traumata from within and from without force upon the ego, in the particular state of sleep, a confrontation with various complexes and ego units. The ensuing disintegration is then handled by the 'dream work' of the ego, leading to a transitory, loose, and rather unsatisfactory integration under the ruling of the primary processes.

The degree of disintegration-integration processes in the dream finds its counterpart only in some extreme cases of transference. In these cases, however, we may find, as Freud pointed out, several manifestations of primary process dynamics, hallucination, body-image disturbances, etc. Usually, neurotic patients do not go beyond the manifestations I have described in the present case. Still, for the discerning analytical eye, the conglomeration which follows transference interpretations may often contain all the criteria of what we call primary processes.

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EMPATHY AND ITS VICISSITUDES¹

By

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Most experienced psycho-analysts will agree that in order to carry out effective psychotherapy a knowledge of psycho-analytic theory and the intellectual understanding of a patient is not sufficient. In order to help, one has to know a patient differently—emotionally. One cannot truly grasp subtle and complicated feelings of people except by this 'emotional knowing'. It is 'emotional knowing', the experiencing of another's feelings, that is meant by the term empathy. It is a very special mode of perceiving. Particularly for therapy, the capacity for empathy is an essential prerequisite. Although I believe these points are well known it is striking how little psycho-analytic literature exists on the subject of empathy. In their technical papers, Freud (11, 12), Ferenczi (8), Glover (13), Sharpe (23), and Fenichel (6) comment only briefly on this important topic. There seems to be a tendency among analysts either to take empathy for granted or to underestimate it. There also seems to be some antagonism between theory and empathy.² The systematic theoreticians have neglected this field and the empathic clinicians write little theory and then unsystematically (Reik (21, 22)). Finally, one frequently hears the phrase that empathy cannot be taught or learned; one either has it or one hasn't. Perhaps all these elements play some role in the relative obscurity of this important chapter.

Before proceeding further, I would like to attempt a preliminary definition of empathy as we use the term in psycho-analysis. To empathize means to share, to experience the feelings of another person. This sharing of feeling is temporary. One partakes of the quality and not the degree of the feelings, the kind and not the quantity. It is primarily a preconscious phenomenon. The main motive of empathy is to achieve an understanding of the patient.

Empathy is to be differentiated from sympathy since it does not contain the element of condolence, agreement, or pity essential for sympathy. There are other vicarious experiences besides empathy, where one participates in the joys and sorrows of another person, for example, as in the theatre; but the aim is quite different. Imitation and mimicry also bear some resemblance to empathy, but they are conscious phenomena and limited to the external behavioural characteristics of a person. Finally, empathy needs to be differentiated from identification, although there seems to be a close relationship between them. Identification is essentially an unconscious and permanent phenomenon, whereas empathy is preconscious and temporary. The aim of identification is to overcome anxiety, guilt, or object loss, while empathy is used for understanding (Olden (19)). Perhaps the relationship between empathy and identification will become clearer later on.

Pathology of Empathy

My attention was drawn to problems of empathy by studying the errors in dosage, timing, and tact of interpretation which I had opportunity to observe in my own work and during supervisory work with psycho-analytic students. The crucial questions in estimating dosage and timing can be formulated as follows: How can I present this insight so as to be sufficiently meaningful and yet not traumatic to the patient? Essentially one has to be able to assess the patient's ego capacities at the given moment and then one has to imagine the effect of the particular interpretation upon the patient's ego structure. It is true that lack of clinical experience may be occasionally responsible for errors in dosage, timing, and tact. However, in my

¹ Enlarged version of paper read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² An exception to this statement is the recent paper:

Schaefer, Roy, 'Generative Empathy in the Treatment Situation', *Psychoanal. Quart.*, 1959, 28, pp. 342-373, which was published after this paper had been presented.

opinion, disturbances of empathy are usually the decisive factor. I have seen beginners who already had considerable skill in this regard; and I have seen analysts of long clinical experience who made repeated errors. I believe one can differentiate between two different types of disturbance in the capacity for empathy.

(i) *Inhibition of Empathy*

There are some students who have repeated difficulty in recognizing the affects and motives, particularly the subtle affects and unconscious motives, of their patients. (This is not only true of students, but in this presentation I shall use the term student to refer to those with difficulties, since most of my *quotable* clinical observations have come from students.) I have found this difficulty to exist in intelligent, astute, and otherwise perceptive people. It is quite typical for such students to be extremely silent and passive in their work with their patients. They seem bent upon collecting more and more data, waiting for additional evidence, before confronting the patient. They remain oblivious despite the clarity of the patient's material. For example, a student related to me how a young woman patient recounted, for the first time in her analysis, how she succumbed to the temptation to masturbate. Then the patient fell silent. The student went on to describe her behaviour on the couch in such a way that I could visualize the patient's feeling of embarrassment and shame; yet the student had no idea about what was going on. He waited silently, looking for more verbal material and further clues, trying to remember her previous dreams, etc. The patient talked trivia the rest of that hour and for several hours thereafter, yet the student who was bright and conversant with psycho-analytic theory was completely in the dark. He had failed to recognize that the patient had *confessed* something to him in the previous hour and therefore overlooked the obvious connexion between the masturbation and the ensuing silence. He missed her shame reaction because at that particular time and on that subject he was unable to feel along with the patient, to empathize with her.

I have observed students give very painful interpretations to patients early in the analysis and then be surprised when the patient seemed traumatized. They could answer correctly in a seminar if asked 'How will the patient react if one gives an excessively painful interpretation?' Clinically, however, they fell into this error because they were unable to feel along with the

patient. They did not anticipate via empathy what repercussions the painful insight would have.

Such inhibitions in the capacity to empathize with the patient may be transient or chronic, generalized or localized. They may occur in students during a particular phase of their own analysis and be a result of some temporary neurotic disturbance within them. The transient and localized inhibitions of empathy have a good prognosis, whereas the chronic and generalized inhibitions have a poor prognosis. The latter type is frequently found in those who have a chronically precarious mental equilibrium, or with a deep mistrust of their feelings, impulses, and their unconscious. These people often prove to be rigid, severe compulsive-obsessives, or else schizoid personalities struggling to maintain their hold on reality.

(ii) *Loss of Control of Empathy*

In doing supervisory work and also in a retrospective examination of my own work I have often come upon another type of disorder in the capacity to empathize. In such situations the therapist begins by being able to empathize with his patient, but this empathy does *not* lead to understanding and then to the proper confrontation of the patient. Some other reaction intervenes, and the understanding is either blocked or is misused, or only takes place after a detour. Let me give an example.

A student was analysing a difficult patient and in the course of an analytic session detected that the patient was hinting to him about some sexually provocative behaviour she had indulged in, in regard to her child. The patient did not overtly relate this, nor did she completely evade it; she hinted about it, testing the student's reaction. The student readily picked up this rather subtle behaviour because he was in good empathic contact with the patient. The patient suddenly changed her mode of talking and directly asked the student whether it was harmful to a child when a mother expressed sexual feelings towards her son. The student, instead of dealing with the meaning of this question, impulsively answered the patient. He assured her that a parent's sexual feelings towards a child were natural and even good for a child. When the student reported this clinical experience to me, I noticed that he was ill at ease and upset. When I questioned the correctness of his procedure he readily admitted that he was puzzled by his own behaviour and could not understand

why he did this. I did not attempt to explain his error, but only indicated that this might be brought up in his own analysis. A week later he voluntarily told me that he now understood his actions. Apparently he had acted out with his patient the role he wished his own analyst would take with him, namely to absolve him of his guilt for sexual impulses and feelings he had towards his own child. In this instance, empathy led not to understanding but to a counter-transference reaction.

There are many other examples which come to mind as illustrations of the loss of control of empathy. Perhaps the most typical situations are those in which the young analyst picks up the sexual or hostile undercurrent of feelings in his patient via empathy and then permits himself to prolong his reaction to the patient, which then interferes with his capacity for objectivity and understanding. Or the student detects some subtle resistance in the patient but sympathetically identifies with the resistance instead of demonstrating it to the patient.

It should be mentioned that one often sees combinations of both types of disturbances in the capacity to empathize.

Preliminary Formulations

On the basis of the clinical material sketched and indicated above, I believe we can now attempt some preliminary formulations about the function of the capacity to empathize.

(i) Since to empathize means to share, to participate partially and temporarily, it means that the therapist must become involved in the emotional experiences of the patient. This implies a split and a shift in the ego functioning of the analyst. In this process, it is necessary for the analyst to oscillate from observer to participant and back to observer (Sterba (23)). Actually, the role of observer is shorthand for designating the different functions of analysing, i.e. observing, remembering, judging, thinking, etc.

(ii) The inhibited empathizer is afraid to get involved with the patient. He is unconsciously unwilling to leave the isolation of the position of the uninvolved observer. He is able to think, remember, observe, but he is afraid to feel the affects, impulses, or sensations of the patient and he therefore misses all the subtle, non-verbal communications and their meanings.

(iii) The uncontrolled empathizers do participate in the emotional experiences of their

patients, but tend to become too intensely involved and therefore cannot readily become uninvolved. They make the transition from observer to participant but run into difficulties regaining the position of observer or analyser. They tend to identify or act out or have strong instinctual reactions, all of which interfere with their ability to observe and to analyse.

(iv) The aim of empathy in psycho-analysis is to understand the patient. When the patient becomes an object mobilizing strong sexual feelings or aggression or guilt or anxiety, the patient has probably become a transference figure for the therapist. The therapists in group (i) are afraid of their counter-transference and inhibit their reactions. The 'uncontrolled' therapists give in to and act upon their counter-transference reactions instead of using them for the analytical work (3).

(v) The wish to understand is a derivative of oral introjective aims, skin eroticism, anal mastery, sexual curiosity, and scopophilic impulses and drives (Fenichel (7)). Under ideal conditions the ability to understand is a neutralized, autonomous ego function (Hartmann (15)). In the examples given above, the wish to understand has been reinvented by its genetic predecessors. The inhibited behaviour in the one group and the uncontrolled behaviour in the other would indicate that a reintrojection has occurred. Understanding by empathy has become an instinctual temptation which is either a danger to be avoided or a pleasure to be enjoyed. In either case the capacity for empathy will be disturbed.

(vi) It seems that it is essential for the development of the optimum capacity for empathy that the therapist be able to become both detached and involved—the observer and the participant—objective and subjective—in regard to his patient. Above all, the therapist must be able to permit transitions and oscillations between these two sets of positions. Freud (12) described the suspended, even-hovering attention and listening which is preferable and necessary for the analyst. This implies the partaking of both detached and involved positions and oscillations between them. Only from the evenly suspended position can one readily shift from observer to participant and back. Ordinarily, this occurs automatically and pre-consciously, but these shifts can be consciously initiated and interrupted. Ferenczi (8), Sharpe (22), Reik (21), and Fliess (9) also have described the need to oscillate between observation and introspection.

Psychology of Empathy

All the foregoing is mainly a description of some of the more obvious findings in disorders of empathy, and I would now like to attempt to probe a little deeper into the phenomenon of empathy—in the therapist. I should like to use a clinical example to illustrate some of the points I want to make, but it is not easy to find an appropriate one. I shall have to use myself as the example, because in my experience I have only been able to study empathy in a very fragmentary way in others since the pursuit of this subject led in a direction contrary to my therapeutic task with my patients. No matter what example I may choose, there is some amount of distortion, because essentially the process of empathy is an automatic process and one observes it only in retrospect. Furthermore, in order to clarify the various events one has to magnify the intervals and separate steps in an occurrence in which much seems to happen very rapidly and perhaps simultaneously. Finally, the best examples of empathy and the clearest occur where there is some difficulty in the empathy. In using the approach I have chosen, two questions immediately come to the fore: Is this state of affairs true for all analysts? Is this state of affairs valid for empathy in general or only for empathy in psycho-analytic work?

The clinical example I have chosen is a relatively simple and innocuous situation:

I had been treating a woman for several years and usually with good empathic understanding. In one hour she recounted the events of a weekend and focused in particular on a Saturday night party. Suddenly she began to cry. I was puzzled. I was not 'with it'—the crying left me cold—I couldn't understand it. I realized that I had been partially distracted by something she had said. At the party she mentioned a certain analyst and I had become side-tracked, wondering why he was present. Quickly reviewing the events she had recounted, I found no clues. I then shifted from listening from the 'outside' to participant listening. I went to the party as if I were the patient. Now something clicked—an 'aha' experience. A fleeting event told to me as the outsider had eluded me; now in my empathy this event illuminated the crying. At the party a woman had graciously served the patient with a copious portion of food. To me as the observer, this event was meaningless. But to me as the experiencer, this woman instantly stirred up the picture of the patient's good-hearted and big-breasted nursemaid. The 'aha' I experienced was my sudden recognition of this previously anonymous figure. Now I shifted back to the position of observer and analyser. Yes, the

longing for the old nursemaid had come up in the last hour. In the meantime the patient herself had begun to talk of the nursemaid. My empathic discovery seemed to be valid. When the analyst's association precedes and coincides with the patient's, it confirms that the analyst is on the right track.

The Sequence of Events

(i) Listening, observing, thinking about the patient's material was insufficient. There was the recognition of not being in good emotional, non-verbal contact—feeling 'out of it'. She cried and I was puzzled.

(ii) I shifted—from listening and observing from the outside to listening and feeling from the inside. I permitted part of myself to become the patient.

(iii) As I had worked with this patient day by day, I had slowly built up within me a working model of the patient. This consisted of her physical appearance, her affects, her life experiences, her modes of behaviour, her attitudes, defences, values, fantasies, etc. This working model was a counterpart or replica of the patient that I had built up and added to from my new observations and insights. It is this working model which I now shifted into the foreground of my listening. I listened through this model.

More precisely: I listened to the patient's words and transformed her words into pictures and feelings from her memories and her experiences and in accordance with her ways. To put it another way: The events, words, and actions the patient described were now permitted to permeate the working model. The model reacted with feelings, ideas, memories, associations, etc. In the above example, the working model of the patient produced the significant association to the nursemaid.

(iv) By shifting the working model of the patient into the foreground, the rest of me was relatively de-emphasized and isolated. Only those personal experiences and reactions of mine similar to the patient's remained near the model or might be used to fill out the working model. All that is peculiarly or uniquely me was shifted into the background.

(v) If the empathy is successful I shall feel in emotional contact with the patient and the patient's communications will be likely to stir up some kind of an 'aha' experience. I use the term 'aha' experience to epitomize that involuntary and pleasant sensation of suddenly grasping and understanding something hitherto

obscure. (Sometimes in listening to patients one also has 'oi weh' or 'ach' experiences.)

(vi) The 'aha' experience indicates that an association in the working model has alerted my analysing ego, which had been relatively distant from the proceedings. This analysing ego may now come to the fore and attempt to formulate the meaning of the goings-on in the model.

(vii) The analysing ego may now be used to determine the desirability of making some communication to the patient by testing out the proposed intervention on the working model. Again there is the shift and oscillation between observer and participant. The reactions within the working model will determine the dosage, timing, and tact of interpretation.

Usually all this happens automatically, pre-consciously, and quickly. The steps do not go in a straight sequence, but there are oscillations and variations and simultaneous occurrences.

Some Qualifying Additions

(i) The working model of the patient within me is not merely a replica of the patient. If that were so, the model would have the same resistances as the patient and would not supply me with clues. The model has resistances and defences similar in quality but less in degree. It is close enough not to distort, but different enough to be of help.

Clinical Note: For proper empathy it is necessary to forget and re-repress *almost* as the patient does. Reading and memorizing notes about the patient interferes with empathy. Data gathered from external sources also create the same kind of obstacle.

(ii) The working model is not identical with the patient in that the model also contains our expectations and anticipations of the patient's potentials (4). We listen to the way the patient reacts with the inner awareness of alternative reactions the patient might have had—often an 'Oi' experience. These potentials of the patient influence the interpretations and change during the course of psycho-analysis.

(iii) The working model also contains insights and interpretations which have not yet been given but are close to the patient's consciousness. Our theoretical knowledge and past clinical experiences are also lightly sketched into the model.

(iv) Thus the working model consists of:

(a) All I know of the patient: experiences, modes of behaviour, memories, fantasies,

resistances, defences, dreams, associations, etc. All this is the skeleton and basic structure.

- (b) I diminish the quantity of resistance.
- (c) I add my conception of his potentials.
- (d) I add my theoretical knowledge and clinical experience.
- (e) In addition all my experiences with similar kinds of people and situations—real or fantasied.

All these additions fill out the model and give it a three-dimensional form. My unique experiences are isolated—for emergency use only. It is important to differentiate what is the patient, what is the model, what is me.

(v) Empathy is to some extent a two-way relationship (Bond (1)). One's capacity for empathy can be influenced by the other person's resistance or readiness for empathic understanding. There are patients who consciously and unconsciously want to remain understood; they dread being understood. For them to be understood may mean to be destroyed, devoured, unmasked, etc. The analyst's attempts at empathy leave the analyst frustrated and the patient untouched. In one such case I was surprised to find myself refusing to try to empathize; I was annoyed. When I recognized this it occurred to me that perhaps the patient pre-consciously wanted this. She wanted to remain understood—mainly to hide a secret so terrible, she thought its revelation would cause me to throw her out. My interpretation led to confirmatory material.

Patients eager for empathic understanding increase the empathy in the therapist. Also, patients pick up the analyst's lack of empathy. I have seen this kind of reaction between speakers and listeners, actor and audience, artists and audience (Tidd (24)). This is also to be seen in candidates being supervised or in presenting cases: The fear to be understood, i.e. revealed, in the candidate may cause the supervisor difficulty in empathizing.

(vi) There are special problems of empathy in supervisory work, since it is necessary to empathize with the candidate as well as his patient. Actually, in doing psycho-analytic therapy one not only empathizes with the patient, but one needs to do so with the other significant persons in the patient's life; only in this way can one form some perspective and be able to evaluate the patient's behaviour.

(vii) One begins to empathize with the patient

as soon as one goes to open the door, even before seeing him. This might explain the special pre-occupied look of the analyst which many patients notice. The patient may believe the analyst is preoccupied with other patients, whereas actually he is partly preoccupied with the working model of the present patient. The analyst is looking then at both the patient and the working model. This might also explain the special startle reaction which happens to analysts when they find the wrong patient in the waiting room. It is more than the astonishment at the unexpected; there is something disorienting about it, due I believe to the cathexis of the internal working model.

Some Metapsychological Considerations

(i) Empathy, as we use it in analytic work, requires the capacity for controlled and reversible regressions in ego functions. The primitivization and progression of the ego in the building of the working model bears a marked resemblance to the creative experience of the artist as formulated by Kris (17).

(ii) The conception of a working model of the patient implies a special kind of internal object representative. It is an internal representation which is not merged with the self and yet is not alien to the self (14). By cathecting the working model as a supplement to the external patient one approaches the identificatory processes. Empathy may be a forerunner, an early, tentative form of identification (Fenichel (5), Goldberg (14), Ekstein (2)).

The capacity to empathize seems dependent on one's ability to modulate the cathexis of one's self-image. The temporary de-cathexis of one's self-image which is necessary for empathy will be readily undertaken only by those who are secure in their sense of identity. Analysts with too restricted an identity or with amorphous or multiple identities will probably be inhibited or unreliable empathizers (cf. Erikson (4)).

(iii) Empathy begins in non-verbal, skin, touching, intonational relationship of mother and child (Katan (16), Olden (18)). The mother shares the child's experiences by feel or touch, and at a distance by visual and auditory signs. The child learns to recognize and share the mother's feelings by primitive perceptions where perception and mimicry are very close to each other (Fenichel (7)). Less verbal mothers are more prone to empathize; loving mothers too.

(iv) One might express these clinical ideas in

terms of ego psychology, i.e. neutralization and conflict-free, autonomous ego functions (Hartmann (15)).

Some Remaining Questions

(i) Is the hypothesis on the formation of the internal working model the only means of explaining empathy? Fliess' (9) ideas about transient identifications pursue another line of thought.

(ii) Empathy and intuition are related. Both are special methods of gaining quick and deep understanding. One empathizes to reach feelings; one uses intuition to get ideas. Empathy is to affects and impulses what intuition is to thinking. Empathy often leads to intuition. The 'aha' reaction is intuited. You arrive at the feelings and pictures via empathy, but intuition sets off the signal in the analytic ego that you have hit it. Intuition picks up the clues that empathy gathers. Empathy is essentially a function of the experiencing ego, whereas intuition comes from the analysing ego. Yet there are antitheses between the two. Empathic people are not always intuitive and intuitive people are often unreliable empathizers. Intuitive people may use intuition to avoid empathy, i.e. involvement. It is less emotionally demanding. Intuition may warn you *not* to empathize.

Both intuition and empathy give one a talent for psychotherapy; the best therapists seem to have both. Empathy is the more basic requirement; intuition is an extra bonus.

(iii) Is empathy teachable? One can remove inhibition and misuse of empathy—the disorder may be cured—but the *capacity* for empathy cannot be taught. If it is available one can be taught how to use it properly.

(iv) Since empathy originates in the early mother-child non-verbal communications, it has a definite feminine cast (A. Katan (16)). For men to be empathic they must have come to peace with their motherly component.

(v) Empathy and depression. One empathizes to re-establish contact—with an elusive object. One resorts to empathy when more sophisticated means of contact have failed and when one *wants* to regain contact with a lost object. To not understand is a form of losing or rejecting an object. One makes a model—an internal object—an introject of sorts. This is in accordance with Freud's view on the process of grief and mourning in regard to the lost love object (10). This formulation is also similar to Rapaport's

ideas on hallucinatory wish-fulfilment by cathecting memory traces of lost need-satisfying objects (20).

For the empathizer, the ununderstood patient is a kind of a lost, need-fulfilling love object.

Empathy, then, may be an attempt at restitution for the loss of contact and communication. In line with this formulation, I have the impression that people with a tendency to depression make the best empathizers.

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VALUE JUDGEMENTS IN PSYCHO-ANALYSIS¹

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In comparatively recent times the concept of value has undergone a profound change of considerable interest especially to psychoanalysts. In earlier philosophy, and also in some modern schools of thought, value is an absolute quality pertaining to the object and independent of the subject; the expression 'a thing of beauty' is taken literally, acts *are* good or evil in a metaphysical sense, and so on. The statement 'This picture is beautiful' can be either true or false according to this theory, and is thus in principle amenable to scientific examination. The objective theory of values, which has been defended by such modern thinkers as G. E. Moore, was in the 19th century challenged by Nietzsche and others, who propounded the theory of relativism, which states that value is subjective and dependent upon the state of mind of the person who values. This theory has become very popular among psychologists, but it does not seem to cover the facts in their entirety. The so-called emotive theory of values asserts that value judgements are no judgements at all, being neither true nor false, and to the philosopher signifying nothing. They are instead emotive propositions of an imperative or interjectory character, a way of giving vent to our feelings or of influencing people. If you say that X is a jolly good fellow, you may have that feeling, eventually shared by others, but which somebody certainly will deny. You may also be expressing your opinion that people ought to be like X, that is, if you mean anything at all and aren't simply joining in a song.

If the emotive theory is correct, value judgements cannot be used as a basis of pure science, but may nevertheless play a fundamental role in every applied science. In so far as psychoanalysis can be regarded as a pure and objective science, value judgements must then be strictly

avoided, but in practical work they seem to be inevitable. The problem to be discussed in this paper is, whether most analysts are aware of the overwhelming importance of value judgements in therapeutic work and in theory formation. Such judgements often seem to be taken for granted and more or less unconsciously accepted, a fact of considerable interest and scientific relevance.

Of Freud Jones has aptly said that his mode of thinking was a mixture of scepticism and credulity. Freud was sceptical as regards all philosophies in the time-hallowed sense of the word, in German called *Weltanschauungen*, literally 'ways of looking at the world', with their strong accent on value concepts, but Jones has shown with a wealth of examples that Freud often expressed value judgements in no uncertain manner and even had a sort of *Weltanschauung* himself, though very heterogeneous and with a strong tinge of ambivalence. Reared in the liberal, humanitarian, rationalist, and positivist atmosphere of the late 19th century, he gradually became one of the most influential forerunners of the irrationalist, pessimistic philosophies which were to supersede the former naïve optimism. To a historian with a sufficiently broad outlook it ought to be a highly stimulating task to trace in detail the influence of contemporary value systems on Freud and how divergent trends in his *Weltanschauung* have influenced analysts and become the kernels of deviating schools. It seems to me evident that such emotionally loaded divergences of value judgements have been and still are one of the most important causes of the deplorable splits in the history of psychoanalysis. The socialism of Adler, the religious and occultist bias of Jung, not to speak of similar tendencies among the lesser prophets, are well-known examples of the fateful impact of ideology upon psychoanalysis. Those of

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

us who have lived through the roaring twenties will remember the quasi-religious period of the so-called psycho-analytic movement, richly illustrated by the eponymous periodical *Die psychoanalytische Bewegung*, which made of Freud's teachings a saving creed, inaugurating a new millennium. The promises were rash and not at all fulfilled, but their propaganda value was enormous, giving psycho-analysis an immense number of mindless supporters with wildly fantastic beliefs, especially on the subject of the bringing up of children.

A full discussion of my theme would fill a large volume, and the interesting problem of the psycho-analysis of analytical value judgements must be completely left out. I shall restrict myself to the presentation of a few examples and a short discourse on their practical importance.

Psycho-analysis is historically descended from medicine, thus sharing the firmly established value judgements of the ancient art of healing. The goal of therapy is to abolish or at least to alleviate suffering and to postpone death. One of the chief discoveries of Freud was, however, that suffering can have a positive value as a means of solving an unendurable conflict and as a stimulus to cultural productivity. Psychologically determined suffering is the wearisome condition of humanity, engendered by conflict and giving birth to civilization, and this maxim holds true for the individual as well as for society. It cannot then be regarded as an unqualified evil, and the analyst has the difficult and sometimes thankless task of distinguishing between the positive and negative value of symptoms in relation to the patient's total life situation. In dealing with this problem he must cross the borderlines of religion, ethics, and politics. Of course medicine has always been infringing on these territories, but this point of view has become increasingly foreign to modern therapists with their trend to extreme specialization and disregard of subtle distinctions.

It is significant that the word neurosis has assumed a derogatory note and is freely used as an invective, even among analysts, who ought to know better. While in former times mentally deranged people were considered sacred or at least possessed by the devil, a mark of distinction after all—while genius always has been regarded as a sort of holy madness, a new system of values is now developing, giving the prize to the latter day saints, who

are free from neurosis and analysed through and through. Such bigoted evaluations certainly do not reflect the spirit of Freud, but they tend to become part of the jargon of psycho-analysis. They are a reflection of vulgar prejudice but also a symptom of a one-sided medical point of view. Freud warned against the 'furor therapeuticus', wishing to emancipate the science of psycho-analysis from the values of medicine. The desire to cure is not always compatible with the search for scientific truth, which seems to have occupied the highest rank in Freud's scale of values.

The advocates of so-called insight therapy have tried to show that scientific insight into the mechanisms of mental disease has a curative effect in itself, but this is certainly an exaggerated claim. Moreover, the scientific analyst must admit that the wish to cure and help the patient inevitably distorts the field of vision, being a symptom of countertransference. We have here a parallel to the famous uncertainty principle of Heisenberg, which states that the observation of subatomic processes is disturbed by the instruments of investigation.

Can the therapeutic element ever be eliminated from analytic work? I do not think so. The patient makes certain demands upon the analyst—in most cases he is paying a lot of money in order to be cured. He may have a limited scientific interest in the proceedings, but he certainly does not want to be an object of research pure and simple. He will always harbour a fond hope that the analyst wants to help him, and who will call that an unreasonable prejudice? 'Know thyself' is the analyst's maxim, but patients have a decided aversion to following this precept, and would rather pay to avoid seeing themselves as others see them. This is called resistance, and has to be overcome, but nevertheless it is not our foremost job to find out what makes the patient tick but to give him what he considers value for his money, i.e. treatment.

One situation might be held to be a model of unbiased scientific exploration, namely the training analysis. In a short paper, read at the London psycho-analytic congress, I have tried to show that this is no exception to the rule, because the candidate in training has a strong desire to succeed in his efforts and to be accepted by the analyst.

It might be argued that Freud was not obsessed by the *furor therapeuticus*, but then he called himself a bad therapist, and there

may be a causal connexion between these facts, taking them at their face value. Analysts with a strictly scientific, impersonal turn of mind may exist, but their capacity to effect a cure must be apt to be less than average, and they will find it difficult to make a living except as employees of an institution.

Now the word cure and its synonyms have of course a much more extended significance among analysts than in ordinary medical practice and theory. We want to make our patients healthy and wealthy, if possible, but also, in a restricted sense of the word, wise. This last-named, imponderable quality has been the object of much discussion. It is often identified with happiness, harmony, adaptation, efficiency and so on, a wide and incoherent spectrum of values. A happy man may be very inefficient and asocial, and many of the benefactors of mankind have been unhappy and maladjusted. The ill and disabled may sometimes enjoy a state of happiness and well-being which no analysis can furnish. Worst of all, people of all ages, whom we admire and revere, have not tried to evade suffering, they have desired and embraced it; they were, to use a much abused and now almost indefinable analytic term, masochists. And our religion, to which many analysts still pay at least lip service, declares outright that the pursuit and acceptance of suffering is a cardinal virtue. This is indeed an awkward dilemma, which most of us prefer to relegate to oblivion. The official view gives to masochism a negative value, but there is surely more than one way of looking at the matter. A late member of my society once wrote a book entitled: 'Is aggressiveness an evil?', but we are still waiting for a similar treatment of the problem of masochism.

Again it may be remarked that Freud did not regard neurotic and perverse traits in terms of good and evil. When he roused a storm of indignation by calling children perverse, he did not of course intend to say something depreciatory. This lofty attitude has, however, not always been emulated by his followers, they may be conscious of it or not.

Enough has been said of the therapeutical bias and its consequences: the distortion of the field of observation and the depreciatory attitude against so-called symptoms. Freud's distrust of *furor therapeuticus* was certainly justified. Another obsession which has played a considerable role in the history of psycho-

analysis is the *furor prophylacticus*, that sometimes degenerates into a *furor politicus*. Freud followed that track to the bitter end, pessimism. A real mental hygiene is certainly a big order. First of all we must have an entirely new social and political system, an unknown and unknowable Utopia, and then perhaps a new set of religious and ethical ideas too. Fans and faddists have of course risen to the occasion, but have soon discovered that analysts are sceptical people, who do not believe in panaceas. Nevertheless it pertains to human nature to cherish a forlorn hope, and it is difficult or impossible to dispense with illusions; even analysts are not exempt from that weakness. The really desperate and incurable cases are however found among the wild analysts, while the disease runs a more insidious course in analytical circles. Utopian dreams are frowned on, and conservative values are embraced, symbolized by slogans such as adaptation and adjustment. It has often been remarked that these words are dangerous, because they imply a tacit acceptance of existing conditions and value judgements. Most of us are certainly not that conservative, but some may find it the safest course to hide their opinions, which it may be dangerous to utter in authoritarian societies. The effects of such a political conformity were clearly and definitively demonstrated in Nazi Germany, but it would be unwise to neglect or minimize the mild and relatively invisible pressure in democratic states. Every government is a repressive force, and so is every social group. Internal conflict is the corollary of human society. Now the analyst can take sides with the individual against society or members of it, and he often does so indeed, accepting the slogan that the customer is always right. Joking apart, psycho-analysis may be client-centred, family-centred, society-centred and so on, according to circumstances and to the value judgements of the analyst, and it seems to me that my colleagues often tend to favour the patient and neglect the outsiders. There is in some analysts an anarchist trend, revolting against all forms of authority, which are regarded as the root of evil, i.e. neurosis.

Anarchist values may sometimes be discerned in the creed of self-realization, a high-sounding word with a vague meaning and always implying value judgements. Like Polonius, the astute Danish psychologist, one asks the patient to be true to his own self, assuming that he cannot then be false to any man, a very daring sup-

position indeed and not supported by observed facts. The underlying theory must be, either that the self is entirely unselfish, or that the self always has the right of way, if it is strong enough.

These suppositions can be translated into the language of orthodox metapsychology, though they will take on slightly different shades of meaning. The ego is of course not the same as the self, and unfortunately every author seems to have his own set of connotations. The ego is the arbiter, the master of the house, whose task is to integrate and reconcile the conflicting tendencies and instincts, but to what end? Here again there are diverse opinions and value judgements, but there is fairly general agreement on one point: the ego must not side with egotism. Narcissism is very definitely *mauvais goût*, a strong and healthy ego does not love the ego; may we perhaps surmise that it is a little fond of itself? Love is chiefly to be reserved for my neighbour, and to the old question: 'Who is my neighbour?' Freud gives the answer of the publican: 'Those who love me'. 'My love seems to me a valuable thing, which I have no right to throw away without reflection', he says. Well, there are other analysts who are not so thrifty, but very few would ask us to love our enemies. Love is certainly a prime value to analysts, but there are many gradations. Those who think of love as nothing but aim-inhibited libido or as a reaction-formation against hate cannot feel more than a tempered admiration for the sentiment, which has been and still is the subject of countless eulogies. The same lack of enthusiasm can be deduced from an analyst's definition of his goal as the uncovering of altruistic interpersonal attitudes. The positive evaluation is, however, common to all. Unfortunately not every analyst seems to be able to distinguish between altruistic and egocentric love, a point that was nicely made some 2000 years ago by heathen and Christian psychologists and calls for different value judgements.

If the ego is the hero of the intrapsychic drama, the id bears a strong resemblance to the villain, being an asocial or antisocial force, that is to be vanquished and kept under surveillance. But the positive values must not be overlooked, the id being in fact a modern replica of our old friend Mephisto, a malevolent power working for good. The id is in fact the prime mover of the organism and must be handled with care. The same ambivalence can be observed in the differing evaluations of the

superego, which is sometimes the indispensable regulator of the psyche, at other times an evil force, more dangerous than the id, a notion that is carried to the extreme by Bergler, though other analysts too have called for the total destruction of the superego with a Catonic insistence.

Such different evaluations of ego, id, and superego could in fact be used as an excellent basis of subdivision of varying schools of psycho-analysis. The system would have practical advantages, but it has of course nothing at all to do with scientific thinking, it smacks instead of religious sectarianism. There are for instance two major trends in religion, one dualistic, reckoning with good and evil powers, the other monistic, believing that 'all is love'. The dualistic tendency of Freud is too well known to need illustration; it reaches its climax in the philosophical theory of the instincts of life and death, foreshadowed not only by Empedocles but by the ancient teachings of India. The psychological monists either believe that man is downright bad, or favour the optimistic creed that man's nature is essentially good, and that the millennium can be achieved by trifling changes in our system of infant care.

Ethical value judgements are of course implicit in the term 'sublimation'. The analytic treatment of the problem of guilt is more intriguing. Some analysts express themselves as if guilt feelings were always a neurotic phenomenon and should be eradicated, and the layman very often believes that this is the orthodox point of view. The common-sense view, with which I agree, is to regard the capacity of feeling guilt as an inherent and normal trait, and people who have no sense of guilt are called psychopaths or something worse. Much of the resistance against psycho-analysis stems from the misconception that analysts strive to make psychopaths out of their patients. There is a well-known analytic explanation of this belief, but we must not overlook the ethical implications. Every code of ethics will give rise to guilt feelings when we are trespassing against the rules. Rules are necessary, ergo guilt is inevitable. The analyst has to decide whether the guilt feelings are pathological or not, which cannot be done without a system of values, consciously or unconsciously accepted.

We have seen that the theory and practice of psycho-analysis are strongly tinged, not to say tainted, with value judgements which are completely unscientific. What is more, this is

inevitable, as in every applied science. Values are the motive force behind our investigations and our therapy, and they determine the direction of our efforts. Value judgements can be subjected to analysis, but they also exist in their own right. In psychological matters we are seldom neutral, we have our likes and dislikes, and a common way of expressing them is in the form of value judgements. We often believe these judgements to be absolute, we confer upon them a metaphysical and transcendent character, though we may not admit it when questioned. Whether such absolute values exist, I will not discuss—in my opinion they do, and in any case we always act as if they did exist. But to return to the other assertions—what are the practical consequences?

Psycho-analysis can be likened to a tool or a weapon, it can be used to further different ends. We are not in the relatively comfortable position of the common doctor, we are faced by more than one dilemma. Research and therapy are not always compatible, and we are more or less forced to give preference to therapy. And then, what is the goal of therapy? There has been much discussion on the subject, and opinions are conflicting. It all depends on what we like people to be, on custom and usage, which is the original meaning of the word ethics, on political and religious views, on Weltanschauung. Psycho-analytic technique can also be utilized to alter the opinions of people, to make them buy certain things or accept a certain form of government; democracy, communism or what not, the choice is yours. Some analysts pretend that their theories could be the overthrow of Communism, and I would fain believe them, but the Communists might put it the other way. The heart of the matter is that we cannot be neutral in any way, and the sooner we accept the fact the better.

We analysts have often been accused of corrupting the morals of society, which is, I think, an excessive valuation of our importance. There is, however, no smoke without fire, and some aberrant and vociferous analysts have, like Nietzsche, preached a revaluation of all values, which *may* have had a profound influence on public opinion. There is also a common tendency, in the name of science, to eschew all value judgements, but as practitioners we cannot do that.

We cannot be neutral in our daily work as therapists; the research on countertransference has shown that this attitude is virtually im-

possible to maintain. We have accepted the maxim of the Gospels: 'Judge not', and I do not want to contest it, but we are all fallible human beings, who cannot conceal our idiosyncrasies. And then, are our value judgements to be regarded as idiosyncrasies only? Do they not form the backbone of our existence and our vocation?

Many analysts unwittingly assume that their value judgements are shared by all decent people, including the patients. In our time, when values are in a state of flux, this is a hazardous assumption. Some patients, indeed, seem to be blissfully unaware of all moral problems or most of them, and shall we let them have their way? With Freud ethics was something self-evident, but times have changed. Some people regard ethics and other values as outmoded superstitions, other simply conform because they are afraid, they have no values of their own. The flabby, weak-minded type seems to be on the increase and presents a serious problem to the analyst as well as to society. New methods of therapy may be indicated, putting more stress on guidance and reeducation. We must not regress to primitive methods of suggestion and persuasion, but we have to realize that psycho-analytic therapy has always been directive, and that the directing force is the personality of the therapist and his set of value judgements. More attention must be paid to this factor in training analysis and during supervision. Last but not least, the so-called spiritual values have to be treated more respectfully and the 'nothing-but' attitude subjected to rigorous analysis. To neglect or deny the hierarchy of values is of course the more easy-going way, but it seems to me like fiddling while Rome burns. It is a trite statement that value judgements are neither true nor false in the scientific sense of the word, but truth is a word of many meanings. We talk of religious, ethical, and aesthetic truths, and it would be foolhardy to dismiss them all as illusions or mere opinions. There is certainly no way of proving the sublime truths of the Sermon on the Mount, which may be utter nonsense to many people, or the ravishing beauty of the music of Mozart, which is revealed only to a minority, but to some of us these are statements of the utmost importance, far more true than any psychological theory. If science cannot deal with values, so much the worse for science. In every form of psychotherapy they are as indispensable as the compass to the sailor.

CLINICAL ASPECTS OF THE SCHIZOID PERSONALITY: AFFECTS AND TECHNIQUE¹

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The history of psycho-analysis is the sum-total of the complex and circular interplay of three factors: (a) the changing clinical picture of our patients; (b) the growing conceptual knowledge which we call metapsychology; and (c) the analytic process which is regulated by the analytic technique (cf. Kris (16)).

In this paper I shall try to discuss a new type of patient that has come into prominence in the last two decades, with the aim of asking whether, if we apply the recent researches into infant-care techniques and the hypotheses about the early stages of ego-id differentiation, we cannot perhaps fruitfully study a particular sort of clinical task that this type of patient sets us in the analytic situation.

Historically speaking this type of patient has gradually articulated himself into clinical focus from the diffuse mass of syndromes that were and are designated by the term 'borderline cases' (cf. Leo Stone (23), Stern (22)). It is important, however, even at the risk of a certain amount of artificiality, to isolate this new type of case and give it the clinical status of existing in its own right and setting us tasks just as specific as the hysterias, obsessional neuroses, affective disorders, and character-cases have done earlier on.

In our literature the first cogent statement about the mental processes of this type of case is by Fairbairn in his paper 'Schizoid Factors in the Personality' (4). Though it is basically the definition of the schizoid processes with which Fairbairn is concerned, in many respects his sensitive delineation of the theme deserves our attention here. Fairbairn stated: '(i) . . . schizoid conditions constitute the most deep-seated of all psycho-pathological states. . . . (ii) The therapeutic analysis of the schizoid provides an opportunity for the study of the widest range of psycho-pathological processes in a single indi-

vidual; for in such cases it is usual for the final state to be reached only after all available methods of defending the personality have been exploited. (iii) Contrary to common belief, schizoid individuals who have not regressed too far are capable of greater psychological insight than any other class of person, normal or abnormal. (iv) Again contrary to common belief, schizoid individuals show themselves capable of transference to a remarkable degree, and present unexpectedly favourable therapeutic possibilities' (p. 3). Fairbairn noted the fact that psycho-neurotic symptoms were compatible with this condition. He went on to show the presence and importance of depersonalization, derealization, disturbances of reality-sense, e.g. feelings of artificiality, experiences such as the 'plate-glass feeling', feelings of unfamiliarity with familiar persons or environmental settings and feelings of familiarity with the unfamiliar ones; *déjà vu* also features significantly in their experience. In their social extension of behaviour such persons become fanatics, agitators, criminals, revolutionaries, etc. Fairbairn singled out three prominent characteristics of individuals in the schizoid category: (i) an attitude of omnipotence; (ii) an attitude of isolation and detachment; (iii) a preoccupation with inner reality (p. 6).

To Fairbairn's way of thinking, 'everybody without exception must be regarded as schizoid' (p. 7). The fundamental schizoid phenomenon is the presence of splits in the ego (p. 8). Since there is a very close connexion, for Fairbairn, between a splitting of the ego and a libidinal attitude of oral incorporation, a fixation in the early oral phase plays a prominent part in determining the pattern of schizoid attitudes, and, in particular, promotes the schizoid tendency to treat other persons as less than persons with an inherent value of their own. This is a regressive phenomenon determined 'by unsatisfactory emotional

¹ Read at the 21st Congress of the International Psycho-Analytical Association, July 1959.

relationship with their parents, and particularly with their mothers . . . the type of mother who is specially prone to provoke such a regression is the mother who fails to convince her child by spontaneous and genuine expressions of affection that she herself loves him as a person. Both possessive mothers and indifferent mothers fall in this category. . . . ' (p. 13). Fairbairn describes this process as the '*depersonalization of the object and de-emotionalization of the object-relationship.*'

Other valuable features of Fairbairn's analysis of the schizoid personality are: (i) the considerable difficulty these patients experience over giving in the emotional sense. They deal with this by two basic techniques: (a) the technique of playing roles; (b) the technique of exhibitionism. 'The significance of the exploitation of exhibitionism as defence lies in the fact that it represents a technique for giving without giving, by means of a substitute of "showing" for "giving" ' (p. 16). (ii) sense of inner superiority based on (a) general *secret* over-valuation of personal contents, mental as well as physical; (b) a narcissistic inflation of the ego arising out of secret possession of, and considerable identification with, internalized libidinal objects. . . . 'Here it would be difficult to exaggerate the importance of the element of *secrecy*,' says Fairbairn. (iii) the operation of the intellectual defence.

Enquiring into the sources of that sense of difference from others which characterizes individuals with a schizoid element in their personality, Fairbairn singled out the following:

'(i) In early life they gained the conviction, whether through apparent indifference or through apparent possessiveness on the part of their mother, that their mother did not love and value them as persons in their own right.

'(ii) That influenced by a resultant sense of deprivation and inferiority, they remained fixated upon their mothers.

'(iii) That the libidinal attitude accompanying this fixation was one not only characterized by extreme dependence, but also rendered highly self-preservative and narcissistic by anxiety over a situation which presented itself as involving a threat to the ego.

'(iv) That, through a regression to the attitude of the oral phase, not only did the libidinal cathexis of an already internalized "breast-mother" become intensified, but also the process of internalization became unduly extended to relationships with other objects; and

'(v) That there resulted a general over-

valuation of the internal at the expense of the external world' (p. 23).

Fairbairn ends his statement by saying that such a person must neither love nor be loved and must keep his libidinal objects at a distance.

I have here reviewed Fairbairn's account in some detail because it is not only the first but phenomenologically the most penetrating definition of the processes that play such a vital role in the personality of our new 'model patient'.

In 1942 Deutsch (1) published the first clinical studies of patients suffering from what she called 'as if' personalities in her paper 'Some Forms of Emotional Disturbance and their Relationship to Schizophrenia.' She described cases in which the individual's emotional relationship to the outside world and to his own ego appeared impoverished or absent. She significantly defined the expression of this disturbance in behaviour as follows: 'there are the individuals who are not aware of their lack of normal affective bonds and responses, but whose emotional disturbance is either perceived only by those around them or is first detected in analytic treatment.'

Deutsch discussed the relation of this to depersonalization and like Fairbairn noted that 'the first impression these people make is of complete normality'. She also noted the 'staged' quality of their experiences. She singled out one specific consequence of such a relation to life as being: 'a completely passive attitude to the environment with a highly plastic readiness to pick up signals from the outer world and to mould oneself and one's behaviour accordingly'.

Deutsch noted the weakness of their moral attitudes, their extreme suggestibility (which I think Fairbairn mistakes for transference readiness), and the masking of aggressive tendencies by passivity. Another important feature, in contradistinction to the hysterics, Deutsch noted, was that in 'as if' patients an early deficiency in the development of affects reduces the inner conflict. There is little contact between ego and superego and the scene of all conflicts remains external. Deutsch states that 'analysis of these cases revealed a genuine infantilism, and their families were overrun with psychotics and invalid psychopaths'. She mentions in one case the traumatic effect of disappointment shattering the strong attachment to mother. 'Common to all cases was a deep disturbance of the process of sublimation which results both in a failure to synthesize the various infantile identifications into a single, integrated personality, and in an

imperfect, one-sided, purely intellectual sublimation of the instinctual strivings'.

On the aetiological side Deutsch pointed out: 'Another cause of this kind of emotional disturbance is insufficient stimulus for the sublimation of the emotions, as the result either of being given too little tenderness or too much' (cf. Fairbairn).

It is my clinical impression, however, that this 'passivity of the ego' in these patients characterizes essentially the intrapsychic relations of the ego. It does not inhibit other ego-functions, such as perception or even action. Passivity thus seems a way of side-tracking strong affects. This passivity has another function, namely, of maintaining inherently contradictory and conflictual contents—affective as well as psychic—in a benign ego-syntonic state.

Deutsch makes no comments on the technical aspect of the treatment of these patients, and merely suggested that 'a strong identification with the analyst can be utilized as an active and constructive influence'. Her cautious statement 'While psycho-analysis seldom succeeds, the practical results of treatment can be far-reaching' is in sharp contrast to Fairbairn's therapeutic optimism.

In 1945 Winnicott (24) published a paper, 'Primitive Emotional Development', in which he tried to integrate his researches into infant-care and infant development with his clinical experience in the treatment of psychotic patients. Since then he has published many papers giving us in detail his researches into both the theoretical and clinical aspect of this work. Here I shall quote from his 1956 paper 'On Transference' (28) where working along his lines he has arrived at a theoretical statement of 'false self' personalities which is on very much the same lines of research as those of Fairbairn and Deutsch.

'There may be extreme cases in which there is no more than this collection of reactions to environmental failures of adaptation at the critical stage of emergence from primary identification. I am sure this condition is compatible with life, and physical health. In the cases on which my work is based there has been a true self hidden, protected by a "false self". This false self is no doubt an aspect of the true self. It hides and protects it, and it reacts to the adaptation failures and develops a pattern corresponding to the pattern of environmental failure. In this way the true self is not involved in the reacting, and so preserves a continuity of being. This

hidden true self suffers an impoverishment, however, that results from lack of experience. The false self may achieve a deceptive false integrity, that is to say a false ego-strength, gathered from an environmental pattern, and from a good and reliable environment; for it by no means follows that early maternal failure must lead to a general failure of child-care. The false self cannot, however, experience life, and feel real. In the favourable case the false self develops a fixed maternal attitude towards the true self, and is permanently in a state of holding the true self as a mother holds a baby at the very beginning of differentiation and of emergence from primary identification' (p. 387).

I shall discuss the theoretical value and clinical use of Winnicott's researches later. Here it is sufficient to add that he is the first analyst who sees in the treatment of these cases a new clinical task that is resolvable in the classical technique and setting of analysis. Moreover, he provides an aetiological statement in terms of disturbance of the primary integration processes in infancy through environmental failure of provision of phase-adequate mothering.

In 1947 Erikson (3) published an interesting paper 'Ego Development and Historical Change' which tried to explain this type of disorder in terms of crises of ego-identity formation resulting from processes of historical change in the social environment.

Anna Freud (6), in discussing the specific problem of negativism and inability to surrender in certain cases, is, I think, also dealing with the central problems of this type of case.

The next and last paper on this type of patient that I shall mention is by Greenson (11), who has attempted a very cogent clinical definition of these cases in his paper on 'Screen Defences, Screen Hunger and Screen Identity'. He finds them suffering basically from a defective formation of the self-image, and designates them as an identity disorder. His clinical picture is generally in accord with those of Fairbairn, Deutsch, and Winnicott. Two features of Dr. Greenson's picture I shall quote, however. He states the eagerness of these patients to make contact and to communicate, and their optimism. In their histories he found that they had important gratifying experiences at crucial times of their lives, and this Greenson thinks accounts for their choice of illness.

'Their hunger and optimism comes from their history of unreliable but nevertheless occurring gratifications. They cling to object-relations and

to their instinctual drives because they expect eventually to be gratified by the unreliable objects. Their uncertainty and the memory of disappointments is handled by their screen experiences which deny their past failures. Their superego is as corruptible as their parents. They feel lucky to avoid feeling depressed.'

I have deliberately borrowed heavily from the writings of other analysts to establish the clinical identity of this type of case, because one can be all too easily persuaded into seeing a similarity in one's personal run of cases if one has a theoretical bias.

I shall now schematically state a few of the more significant features of the behaviour of these patients in the analytic situation, their transference to the analyst, and their needs and demands from the analyst, which I have abstracted from my clinical work with them over the past decade.

(i) Instead of transference-readiness they tend to provoke or seduce the analyst into a tantalizing relation to their material, e.g. past history or internal reality. Hence the danger of over-interpretation.

(ii) Instead of communication there is exhibition—of psychic contents. The patient from the outside in co-operation with the analyst is having a good peep at himself. This form of psychic exhibitionism, based on a strong intellectual defence, in these cases can be for long periods of work mistaken for free associations. Furthermore, instead of affectively mobile free associations there is an intensive self-engrossment in relation to which the analyst is merely a spectator. We see in this aspect of their behaviour in the transference what Anna Freud has described in discussing a patient of hers as: 'what should have been an object tie had been turned into an ego interest' (8). It is very important not to confuse this ego-interest in the analyst with an affective (libidinal or aggressive) cathexis of him. The pseudo-enthusiasm of these patients masks a real dread of their basic sense of emptiness being found out.

(iii) All affects have a discharge urgency about them. The ego of the patient either inhibits or facilitates this discharge but is not related to it. Contrariwise there is a determined attempt to involve the analyst with these affective outbursts. This capacity to create an inner distance between their ego-functions and affects enables these patients to indulge in varied sublimatory activities and interests, which can be of considerable

value to them as members of society but have little or no personal meaning for them. The incapacity to bind affective cathexes intrapsychically can be overlaid with a profuse production of material or by acting out. Once they have found someone in the outside environment, analytic or social, their ego can control and manipulate the situation. As Stone, Greenacre, Winnicott have pointed out, these patients do need *new objects* and new experiences to enable them really to experience themselves personally. The management analytically of this type of acting out is one of the hardest tasks these patients set one in analysis.

(iv) Their narcissism has a patently deficient quality about it and is defensively overlaid with pseudo-aggressive self-compensatory techniques. The fact that their auto-erotic activities, instead of imaginatively and affectively enriching their object-relationships or phantasy life, are largely compulsive and have a depleting effect on them, is reflected in the analytic situation by their excessive use of words and-or massive production of fantasies and psychic content. In fact, as Anna Freud (6) has described, these are patients who are very negativistic and cannot surrender to any relationship, and the analytic situation comes to signify for them the ultimate of this predicament.

(v) Instead of showing initiative, these patients lean heavily on the hopefulness in others which they can always mobilize and around which they can integrate for short periods of vital ego-functioning or id-experiences. In the end they reduce all this to futility and the persons involved feel defeated, demoralized, and rendered inane and useless. They repeat this with excessive compulsion in the analytic situation and this forms a very large part of their basic testing-out techniques. The burden this puts on the analyst's counter-transference is enormous and exhausting. (See Winnicott (25); Khan (15).

(vi) From the very start these patients seem to be in a great urgency to exteriorize and 'act out' all their past experiences and current tensions in the analytic situation. In a sense they are over-responsive and yet it does not establish a relationship between the analyst and them. Anna Freud's description of the infant's experience in its earliest beginnings is very aptly applicable to these patients: 'Whatever happens calls forth a response and what seems to be missing is a pulling together of experience.'

(vii) These patients exploit partial regressions in the id and the ego, as well as superego, with

great dexterity. This lends some of their behaviour and material a psychotic quality at times. But basically they are both terrified of ego-regression to its dependency-need stage, as Anna Freud and Winnicott have pointed out, and instead make a habit of manipulating dissociated states, and involving others with them (cf. Kris (16), Khan (15)). Any attempt to reduce this form of psychic manipulation creates real panic in them.

(viii) The overall and overwhelming general impression that one gets from work with these patients is that they *need* the analyst's readiness to co-operate in a controlled and limited involvement. They have not a whole experience which they can project. The gaps in their experiences are not through repression. They have only pieces of a variety of incomplete experiences from all stages of development, which they have magically congealed into operational unities. They have, however, a strong notion of what the whole could or would be like. Hence their demand for the analyst to complete it for them and to hold their fragmental affective states in experiential unity over time. It is the analyst whom they *make feel* the anger, rage, neediness, despair, love, and tenderness, destructive violence, and panic which is inside them, for very long periods of time before their ego can build up to a unity where through identification they can experience it for themselves and in themselves. The same is true of their affective states.

(ix) The utter inability of these patients to tolerate anxiety creates a clinical impasse for them, as the analytic situation through its very nature mobilizes large quantities of affects and aims at their containment and assimilation. Two techniques they use to combat anxiety-states from emerging are very significant in the diagnosis of their condition as well as in its clinical handling. The first is the translation of anxiety into psychic pain. They are almost addicts to such pain. But this acute suffering has a screen and defensive value against anxiety, and against a true realization of their dependence and deprivation. The second technique they use is the translation of anxiety into diffuse and excessive tension states. This tension state becomes a source of real resistance to the analytic process, because their intellectual defence is largely fed from this source. It also operates as a defence against a psychic realization of their instinct-tension and needs.

Genetically speaking, anxiety in these patients is not so much a reaction to strong and powerful

libidinal impulses or to a primitive and sadistic superego as a sense of acute threat to the intactness and survival of their ego. Anxiety is very often a reaction to their inner experience of total emptiness and desolation. Any means of producing and maintaining psychic tension thus reassures them against this anxiety about emptiness. Psychic pain and masochism are used as a defence against this primary inner predicament. Masochistic pain raises the threshold of cathexes and so sponsors a sense of self in them.

(x) Closely related to their inability to tolerate anxiety and their craving for tension-states is their random use of defence-mechanisms. It is random in the sense that there is no specificity of a defence-mechanism in relation to consistently identifiable affective states or conflicts. Most prominent among the variety of defences they use are: (a) splitting, (b) devaluation of objects as well as of emotional experiences, (c) projective identifications, (d) idealization. It is the detailed study of their defence-mechanisms and the vast and varied medley of uses they put them to that gives the analyst an opportunity to discover and establish the primitive identifications with primary objects in these patients. It is in this area of work that one is able to 'reconstruct' the *reality* of their earliest objects and its effects on the developmental and integrative process. Their defence mechanisms carry within them a very true picture of their infantile and childhood reality. As is to be expected, later superimpositions complicate and confuse the issues. It is partially for this reason that acting out, if it can be controlled clinically, but not totally inhibited, yields some of the most definitive clues to the *actuality* and *reality* of their infancy and childhood environment and objects. One could almost say that their defence mechanisms carry ossified within them memories of actual experiences and traumata which the infantile ego had no other means at the time of registering psychically. It is for this reason that in the clinical evaluation of their defence mechanisms one should always be on the alert to discriminate the defensive function of the mechanism from its 'communicative' aspect. Too great an emphasis on the negative, i.e. resistance, aspect of defence can only paralyse the clinical process. What have to be released from these rigid structures are the memories of primitive object-relations and the strangulated affects and psychic processes that were at the time of the first incidence dynamically free and creative.

(xi) I have mentioned the use by these patients of idealization as a defence mechanism. There is one specific aspect of it that I would like to discuss, namely, its relation to ego-ideal formation. Quite often these patients can give the impression of being psychopathic or amoral, and one is often tempted to relate it to either defective superego formation or to an over-strict primitively sadistic superego from which the ego has to dissociate itself to survive and operate. A close scrutiny of their intra-psychic functioning, however, reveals quite a different picture. One finds that they have a very highly organized ego-ideal and all their attempts are to approximate to its demands, even to the extent of anti-social or asocial behaviour. What characterizes this ego-ideal is that it is not built from introjection of idealized primary parental objects; quite the reverse. The ego-ideal is a psychic formation in lieu of satisfactory primary figures. The idealization here is a way of dealing with deprivation from the primary object. The patient has first made good by magic or primitive imaginative activity the deficient primary object and then progressively idealized it. This idealized internal object (i.e. the ego-ideal) is then used to fend off all sense of hopelessness, emptiness, and futility. In the transference relationship they idealize the analyst and the analytic process. It is their way of warding off disillusionment and hopelessness which they feel certain will be their predicament in a real relationship. This idealization is neither on a narcissistic basis nor is it based on an identification with the object. It is a means of establishing a defensive psychic structure against the emotional reality of an interpersonal relationship. The attributes idealized consist of parts of self and object and through the idealization process are welded into a unity which then operates as the vehicle of the analytical relationship and becomes in time the source of negative therapeutic reaction in their treatment.

The question that all this leads up to is: Have we the means in our theoretical concepts and our clinical setting to cope with the needs of these patients? Can we explain the how and why of their behaviour and can we help them to work it through to integrative wholeness from within themselves in the analytic setting?

The researches into infant-care and ego-psychology by Winnicott, Anna Freud, Hartmann, Kris, Rappaport, Jacobson, Greenacre, Hoffer, etc., and the new emphasis on the meaning and function of the analytic setting in analytic treatment (cf. Winnicott, Spitz, Hoffer, Green-

acre, Kris) I feel can equip us with the necessary means at least to tackle creatively the clinical problems met with in these patients. Fortunately very able and succinct summaries of these researches are available in recent literature, e.g. those of Rappaport, Kris, Hartmann, Eissler, Anna Freud, Zetzel, Stone, and Orr, so I shall only very briefly state some of the salient features of these researches and their value for our work with such patients.

The researches of the past two decades have supplemented the classical theory basically in three dimensions:

(a) No longer do we consider the structural division into superego, ego, and id as being our chief model of thinking. The earliest stages of infant-development where ego and id themselves emerge from an undifferentiated matrix of energetic potential structures have become very significant for the understanding of personality development. As the work of Brierley and Winnicott in England and ego-psychology research workers in general has shown, the emphasis is once again on metapsychology as a process theory (cf. (12)).

(b) This has in turn changed our emphasis on the conflictual dynamics of early processes. Hartmann's concepts of conflict-free areas of the ego have reinforced Winnicott's work with infants, which stated that in spite of gross disturbances of the total personality there could be very effective ego-capacities. Furthermore, it has become possible to evaluate certain seemingly effective ego-functions as being symptomatic of primitive defences against disruptive experiences of very early infancy. We can now evaluate certain precocious ego-developments as pathogenic and defensive.

(c) This correction of our evaluation of emergence of the ego and id from an undifferentiated matrix has also enriched and enlarged our understanding of the role and function of the environment for the crystallization of the first self-feelings in the patient. By 'environment' here I mean the sum-total of the mother's caretaking, feeding, and affective relation to the infant.

It is our crediting the true significance of these factors that makes an accurate 'reconstruction' in the analytic setting of the exact nature and actuality of this mothering environment for the patient's development clinically and therapeutically so important for us. Because only thus can they be helped to sort out the personal imaginative primitive psychic phantasy in their experi-

ence from what was pathogenic external reality. This alone can enable them to achieve a true capacity for reality-testing and a personal inner life. Otherwise they live in a personal mad world with a very elaborate façade of normality and socialization.

(d) The importance clinically and genetically of this dependence of the infant on the maternal care has been defined with great sensitivity and exactness by Winnicott and many other workers.

In terms of the researches into the total analytic situation, the role of the analyst has gained in importance parallel to the understanding of the role of the mother. This has in turn put a new value on the function of the analytic setting and its meaning for the patient. (See Winnicott, Milner, Spitz, Greenacre, etc.)

All this has a direct bearing on work with our type of patient. With them it is the ego-regression in the analytic situation to the primitive stages of dependence and undifferentiated unintegrated affectivity that they are crucially seeking, and it is also the source of their most adamant resistance and negativity. It is here that the evaluation of the patient's need (unconscious) puts such a burden on the imaginative sensitivity of the analyst. The patients compel the analyst into the role of the primary environment. They utterly depend upon his ability to empathize and crystallize this into an affective ego-experience. Quite often this *need* in them is mistaken for an invitation to intervene and direct, guide and correct. That is not what the patient is seeking. In this way the analyst manages merely to replace one set of impingements by another, perhaps more benign ones. The real task is to enable the patient to experience regressively and affectively in the analytic setting the total fragmented reality that he is carrying around under magical control, and work through it from within by experiencing the new emergent relationship to himself, the analyst, and the analytic situation. This means that the reality and limitations of the analyst as a person are bound to become more visible in the process. But only in so far as they are related to the needs of the patient and the clinical situation are they of value (cf. Winnicott

(27), Khan (15)). Many analysts have pointed out the need of these patients for new experiences and object-relationships, of which the analyst becomes a very important part. But the *newness* of this experience lies in the patient's gradual realization of the reality of his own processes through their emergence and evolution in the analytic situation and with the analyst. The real difference between this analytic experience and the social experiences for the patient is that in the analytic experience the patient is able to exteriorize and express all the facets and elements of his current and developmental experiences without magically seducing the analyst into collusion or rejection. This ability to be involved without interfering with the inner logic of the patient's growing reality is the most delicate task.

In a detailed case-history of a female patient in my paper 'Regression and Integration in the Analytic Setting' (15), I have tried to discuss these aspects of the total treatment situation. Here I have not the time to present corroborative clinical material. I do, however, wish to state emphatically that I am not proposing a new variant of the therapy through so-called 'corrective emotional experiences'.

To conclude rather abruptly, I shall remind you that Ferenczi quoted Freud to the effect: 'However we treat our patients, they treat themselves therapeutically, i.e. with transferences'. The real genius of Freud can perhaps be best defined by his *invention* of the analytic situation as the vehicle for therapeutic work (cf. Kris (18)). With the growing and varying needs of different types of patients from hysterics to character disorders we have found this vehicle both resilient and effective enough to meet the self-therapeutic needs of the patients. I believe with the new type of case with their disturbed primary affective integration through the failure of their primary maternal environment we can also find the means within the classical analytic setting to release the 'harmonizing function of the ego' (Hartmann (12)) through enabling them to achieve primary affective integration in terms of their experience in the analytic situation.

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VITALISM AND PSYCHOSOMATICS¹

By

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It might seem foolhardy for one who is, as medical men say, only a psycho-analyst, to attempt to deal with a problem so profound and complex as the relationship between present-day psychosomatics and the age-old animistic vitalism. Yet even those who are purely and simply philosophers, without any clinical experience, have presumed to discuss the mystery of life. For we have on the one hand the inorganic world, governed by the strict laws of mechanics, physics and chemistry; on the other the world of organic life, ranging from the smallest virus to man. Some have tried to derive the organic from the inorganic, by the simple play of the laws and determinism that govern the latter. Others, more numerous, are impressed by the way in which life appears to leap from the womb of matter, and try to find to add to life some additional quality, a quality which has been designated by different thinkers at different epochs by variants of the term 'vital energy'. Even in classical Greece there was, in philosophy, the materialist, atomistic school of Democritus, as opposed to the dynamic school of Heraclitus. Similarly, in medicine, there was the organicist school of Cnidos facing, on the peninsula opposite the island of Cos, the mainly vitalist school of Hippocrates (3).

The great religious centuries of the Middle Ages needed the hypothesis of a soul animating the body. God himself was surely the first vitalist, or rather animist when, according to Genesis, he breathed his creative spirit into the animals, giving man in particular his *anima*. Thus the Middle Ages as a whole, dominated as they were by the vitalist philosophy of Aristotle (2), were more than vitalist—they were even animistic. The philosophy of Van Helmont (34), the Belgian chemist, physician, and mystic of the early seventeenth century, was still profoundly impregnated with this mystical religious concept from which it was derived. His theory of the

soul is the kernel of his doctrine and hence of his physiology and pathology. According to Van Helmont, man had two souls, the intellectual soul which alone was immortal and peculiar to man, made in the image of God, and the sensitive, perishable soul, which we possess in common with the animals, and which was associated with man's immortal soul only after the fall of Adam. The spirit or 'archeus' is invisible within, and specific to the body which is constituted around it. Thus, as with Paracelsus (38), what Van Helmont calls the 'archeus' is the principle of spontaneity in each being. A seminal spirit, it bears the form of its begetter as an 'idea', it adapts the substance of air and water to form its living dwelling, and directs the body until death. The 'archeus' acts normally if it behaves according to the idea bequeathed to it by its begetter. But in cases of illness the 'archeus' acts according to a foreign 'idea' which leads it into irregularities. Thus, in Van Helmont's pathology, the fundamental cause of any illness was a kind of fury of the life spirit which, under the influence of some extraneous cause, formed diverse 'morbific ideas' which acted upon the 'archeus'.

According to Van Helmont 'all illnesses are ideas'. For instance, the malady of the stone is a 'lapidary idea', taking concrete shape in the kidneys and bladder. If we are bitten by a mad dog, the spirit of the dog's madness is transmitted to us: a rabid man is thus suffering from a 'canine idea'.

If I have dwelt at some length on Van Helmont's animistic, vitalistic concepts it is because they are, with all their archaism, part of the phylogenetic heritage of the human spirit, and re-emerge from time to time under different avatars according to the period.

With Descartes (15), the mathematician philosopher, contemporary of Van Helmont, mechanistic, organicist philosophy took a startling

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

revenge. To Descartes—man's immortal soul being extrapolated separately—the bodily 'machine' was constructed and functioned according to the general laws of nature alone. Hence his celebrated theory of the 'animal machine'. A long line of thinkers, mechanistic, philosophic, and medical, was to follow, from Descartes down to the eighteenth century, God having been eliminated.

But an animistic, vitalistic reaction had already come about in Germany, with Stahl (44), the physician of Halle. In his view life was not reducible to matter, but was animated by a vital principle, the soul. The soul, given by God to man, was vivifying, and the architect of its own body. The soul made use of the sense organs as its instruments. It was the soul that made the heart beat and the stomach function. So there was nothing surprising in the idea that imagination, emotion, or even just thinking, should disturb the vegetative functions. When, however, the vivifying soul failed in its task, maladies arose. Then the body deteriorated and was corrupted.

The French vitalist school of Montpellier, under the inspiration of its founder, Barthez (4), arising in 1734, the very year of Stahl's death, tried to detach itself from the mystical element in Stahl's teaching. It accepted vitalism as a hypothesis which appeared to produce results. 'That which is present in living beings and is absent from dead ones,' said Barthez, 'we call soul, Archeus, vital principle, X, Y, Z, like the unknown quantities of the geometers.' According to Barthez, disease arose not through a disorder of the organs, but of the vital principle itself. The effect of the aberration of the vital principle showed itself in errors in the exercise of feeling or movement. The physician's duty was to help nature to recover its vital equilibrium. When, however, in spite of all the efforts of nature and the therapist, a man died, the three principles of which, according to Barthez, he was compounded returned to their source: his body to the elements, his life principle rejoined the vital principle of the universe, and his immortal soul returned to God. For Barthez, like Stahl, was a deist.

Bichat (9), the founder of modern physiology, could adhere neither to the narrow intra-mechanicism of a Descartes, nor to the spiritualistic philosophy of his vitalist predecessors. In his *Recherches physiologiques sur la vie et la mort*, published at the beginning of the nineteenth century he wrote: 'Stahl's soul, Van Helmont's

archeus, Barthez' vital principle, the vital energy of others, have each in turn been considered the unique centre of all vital phenomena, and have in turn served as the common basis on which, in the last analysis, all physiological explanations were founded. Each of these bases has been successively undermined and all that has survived from their ruin are the facts provided by strict experiment on feeling and motility.'

But although Bichat was no vitalist, in the sense that he did not attribute life to any mystic principle, he considered that in life itself there were two lives; one, organic life, common to plants and animals, and animal life, peculiar to animals; the first transmitted by the organs of vegetative life, and the second by the central nervous system which controlled our relationship systems.

Bichat's concept of the 'passions', or emotions as we should nowadays call them, is interesting. These passion-emotions act on organic, visceral life, for instance, by accelerating the circulation, making the heart beat more quickly, disturbing digestion and respiration. Speaking of emotional syncope, he remarks: 'If total or instantaneous cessation of circulation is not caused by this debility, the affected parts may be permanently modified and later become the seat of various organic lesions. . . .' No modern student of psychosomatics could have worded it better. It is proof of remarkable insight in a physiologist who could not as yet know of the endocrine secretions.

The nineteenth century was dominated by the organicist concepts of the biologists Claude Bernard (8) and Vulpian (45). Vitalism was rejected as a 'medical superstition' dangerous to the human mind, already too inclined towards the supernatural. A strictly physico-chemical determinism was postulated for the whole of nature, both organic and inorganic, and the hope prevailed that one day this would disclose the secret of life itself. Charles Darwin (14) had already described the pitiless struggle for existence amongst living creatures. Pasteur (39) enlarged the field of battle by revealing the world of the infinitely small. Illness then appeared to be mainly the outcome of this struggle. Vitalism seemed to have fallen into a lasting slumber.

However, towards the end of the nineteenth and the beginning of the twentieth century the inevitable swing of the pendulum was to move towards vitalism. Naturally even in the most vitalist periods there had been echoes or prodromes of organicist concepts, just as during

the organicist periods there had been vitalistic, past or future. Contemporary with Claude Bernard and Pasteur we find, amongst others, the philosophy of Ravaisson (41), with his 'substantial idea', the vital cause of illness, which recalls Van Helmont's 'morbific idea'. But it was the spiritualistic philosopher, Henri Bergson (5), who was the mainspring of the vitalist reaction at the beginning of the twentieth century, with his hypothesis of the *élan vital* which was responsible, in freedom, for the evolution of life.

At the same period Freud (24) was being far more scientific in his work of restoring psychology, relegated to the background by the organicist nineteenth century, to its rightful place in the study of man. Not that Freud departed from the concept of a scientific determinism governing all natural manifestations. We might say that he transferred to psychology the strict determinism Claude Bernard had applied to biology. For the postulate underlying all Freud's work is this: the whole of the psychism is psychically determined, but this determinism extends even into the unconscious.

Freud was certainly not a vitalist even if, with regard to the psychism itself, he was always a dualist, with his first distinction between sexual instincts and ego instincts, and then with his second theory of the life instinct and the death instinct. He never considered the psychism to be a 'vital principle' animating the body, whose pre-eminence he never disputed. In his *Fragment of an Analysis of a Case of Hysteria* (25) he even postulated some yet undiscovered hormonal disorder in the etiology of the neuroses, believing that perhaps one day it would be discovered. 'No one,' he wrote, 'will be inclined to deny the character of an organic factor, and it is to the sexual function that I look as the foundation of hysteria and of the psychoneuroses in general.' Freud never ignored 'somatic compliance' even in the most psychogenic of disorders, but neither did he frankly cross the divide between 'hysterical conversion' and 'organic neurosis' in the present sense of the terms. Some of his disciples, however, have done so.

Even during Freud's life-time we have the work of Groddeck (30, 31), the Baden physician. Groddeck saw purposive activity in all morbid affections: acne in young people showed a wish to flee from seduction; gynaecological disorders (even including tumours), showed an unconscious desire for chastity; a cold was the wish to avoid 'smelling', i.e. tolerating, someone, and so on. For this author there is no distinction

between the psychological unconscious and the organic unconscious, operating sometimes at a great distance from the former.

In Vienna Felix Deutsch (16) was studying the repercussions of emotional disorders on the bodily functions, from a more medical and less colourful point of view. But psychosomatic medicine was to reach its fullest development, based partly on the psychological discoveries of Freud, partly on the experiments of Cannon (11), the Harvard physiologist. Cannon had shown, through his experiments on animals, the effects on the body, through the neuro-glandular vegetative system, of stress due to pain, hunger, fear, or rage. This stress, if prolonged, could cause chronic dysfunction. This was the signal for American doctors and psycho-analysts to launch an attack on the strictly mechanistic theories still in force in the faculties of medicine.

In 1943 there appeared the book of Weiss and English, *Psychosomatic Medicine* (46), but this still showed traces of timidity. A new concept emerged with the work of Franz Alexander (1), Director of the Chicago Institute of Psychoanalysis: the specificity of the emotional disorder engendering the specificity of the functional organic disorder, even of the eventual lesion. Thus a long-inhibited aggression could cause hypertension. But gastro-intestinal ulcers had a still more selective etiology. The patient with an ulcer is starved of love; if he does not find it in life, his psychism regresses to the oral stage at which nourishment was the proof of maternal love. Then, in a state of perpetual hunger, which is nevertheless frustrated, the consequent aggression is itself inhibited, becoming pathogenic; the patient develops hypersecretions of the gastric juices which lead to ulceration. Mirsky (36, 37), the President of the American Psychosomatic Society, has gone more deeply into the problem, with an analysis of the peptogens in the blood and urine of ulcer cases. Results so far are not conclusive, but Mirsky has the great merit of discriminating carefully in all illnesses between constitutionally predisposing factors and the occasional factors which activate them. Maxwell Gitelson (29) of Chicago, in papers recently delivered in America and to the British Psycho-Analytical Society, has made several pertinent criticisms of the various specific concepts which have, on occasion, flourished in America. Max Schur (43), who denies specificity, has established a more valid schema for psychosomatics. According to him the etiology of all psychosomatic disorders derives from the primitive

stage of infancy at which the psychical and the physical are not differentiated. The adult, therefore, retains in one organ or another certain traces of a 'somatic compliance', readily susceptible to pathogenic influences from the external world. Thus each individual possesses his 'somatic style'. Under the influence of emotion, one trembles and has palpitations, another vomits, another suffers from hyperpnoea, syncope, polyuria or diarrhoea.

In this connexion I should add that the propensity to hysterо-somatic conversion is not the same in all. Obsessional types seem less inclined to it than others, having already transferred their anxieties to the thinking ego, which has been precociously differentiated from the organic. Not everyone has the same threshold between the psychological unconscious and the organic unconscious. Nevertheless, in spite of some rays of light piercing the dark regions in which our health or ill-health is formed, 'the essential nature of psychosomatic illness remains a mystery,' as Gistelton writes at the conclusion of his critical study.

An American author, Flanders Dunbar (20), has felt able to elucidate this enigma more satisfactorily. In various works, crowned by a monumental treatise, *Emotions and Bodily Changes*, crammed with documentation, she describes the 'profiles' of personality which allow a forecast of the illnesses which may overtake one individual or another. These 'profiles', a real typology of prognosis, resemble 'psychosomatic horoscopes'. There is the profile of the individual predisposed to fractures, to coronary troubles, to hypertension, to arrhythmia, to angina pectoris, to arthritis, to ulcers, to asthma, to hyperthyroidism, to tuberculosis, to diabetes, and so on. It is not easy to see why these profiles, based on pseudo-statistics, should state the fact of the relatively late survival of one or the other parent as a predisposing factor in one or other ailment. And why should religious and philosophic opinions predispose anyone to coronary thrombosis or diabetes?

In discussing the psychogenesis of psychosomatic affections, Flanders Dunbar never distinguishes between what is due to the patient's *behaviour* and what to his endocrine secretions. Surely there are persons who neglect themselves, expose themselves to accidents, to infections, fail to get vaccinated. She also ignores the hereditary factor: the recessive Mendelian heredity of diabetes (35 per cent in the maternal line alone) is scarcely mentioned, and there seems

no reason why diabetics should be particularly fond of animals. The indecision which figures in their 'profile' is contradicted by a very well-known case, that of Clemenceau, the 'Tiger' of the First World War, who was a diabetic. Flanders Dunbar's profile of the frigid woman takes no account of the fundamental biological fact of human bisexuality. She does not distinguish between hysterical frigidity, which is always remediable either by life or by psychotherapy, and the partial frigidity, so well described by Freud, in which the clitoris, homologous to the male penis, has retained a selective libidinal cathexis which is much more tenacious. If Dunbar is right in saying there is a remedy for everything, either by psychotherapy, hypnosis or shortened psycho-analysis, then the psychotherapist must have become a veritable magician. She even talks, on page 541, of so-called cancers cured by psychotherapy: 'several cases are reported of benign or malignant tumours, previously diagnosed as such, being cured by psychotherapy.' We might almost think we were reading a report from Lourdes. This is why psychosomatics is so popular nowadays in fashionable circles which do not understand its true value. When a man is suffering he will turn to anything, whether the piscina of Lourdes, Christian Science, or psychosomatics, if, lacking scientific modesty, it promises him a miracle.

The schools of psychosomatics in other countries have all been, more or less, variations of the great American school. South America, supporting the theories of Melanie Klein (35), is predisposed to find the source of psychosomatic affections in the introjection of 'bad objects' or of the 'bad mother', particularly in earliest infancy. According to Garma (28), the etiology of the gastro-duodenal ulcer shows that the 'bad mother' has remained internalized since infancy in the unconscious, and when the child grows up will attack the digestive organs from within, as soon as a regression from the genital to the oral stage is induced by external or internal inhibitions. This is a 'stepmother' idea, introjected and gnawing away at the body of its victim, and painfully reminiscent of old Van Helmont's 'lapidary idea' which caused the stone, or the 'canine idea' which caused rabies, in fact, of every illness being an 'idea'. The old demonology and its exorcisms still flourish.

In France numerous articles on the subject, under the heading Psychiatry, and under the general guidance of the psychiatrist, Henri Ey, published in the great *Encyclopédie Médico-*

chirurgicale (23), give a good idea of the general evolution of the French School of psychosomatic medicine, of which Pierre Marty and Michel Fain are the most qualified representatives. These articles describe the psychosomatic factors in many illnesses, but sometimes without sufficient critical evaluation. An increasingly important etiological rôle is attributed to the 'overpowering mother', the oedipal father being more often than not relegated to the shadows. Is this a sign of the times, with matriarchy reasserting itself? It is rather surprising to find, in this great medical work, under the heading *Dermatoses*, that not only emotions, as we should expect, but also representations, are said to be projected on the skin. There is, for instance, the woman on whose neck appeared the marks of the guillotine, after she had seen her son almost decapitated by a fire-screen (case quoted by Charles Richet, physiologist but metapsychologist as well). Other still more astonishing ideoplasias, taken from the *Revue de Méta-psychologie*, are mentioned. 'Thus,' conclude the authors, 'the body shows better than the mind what the eyes have almost seen.' What would Freud have had to say about these divagations of his disciples? It would be argued that he was cleaving to the 'scientism' of the nineteenth century, and I in his wake.

Of course no obstacle should be put in the way of research, and over-adventurous pioneers should not be blamed if they sometimes get lost in the obscurities of a virgin forest. Time alone will show which paths were properly cleared and which led nowhere. Thus, in our own day, psychosomatic medicine has produced, as a reaction against the extreme organicism of the nineteenth century, a form of neo-vitalism that can utilize modern discoveries in physiology and endocrinology. For we are all faced with one inescapable fact, with evidence which cannot be controverted: we human beings have a body and a psyche, whether it be called soul or spirit. But how do these two parts of ourselves function within us? Psychosomatics makes the proud boast of having reduced this dualism to a monism, and of having restored the phenomena of normal and pathological life to their original unity. But to no purpose. For it will always remain impossible for the human mind to free itself completely from dualism, since this dualism is inherent in our very being. This is so true, that psychosomaticists, proud of their monism though they be, have been able to find no better name for this new science than 'psycho-somatics'. The mystery of duality, of the incarnation of the psyche in the soma, remains, in our day at least, as impenetrable as ever.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

I. THE UNCONSCIOUS IMAGES IN THE GENESIS OF PEPTIC ULCER¹

By

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Peptic ulcer is a disease of the whole person—both psyche and soma. The gastric or duodenal wound is only one of its striking features. It is caused by emotional conflicts.

Peptic ulcer patients, at least in some aspects of their personalities, are active and enterprising. They make efforts to overcome their conflicts, but spend their lives in this unsuccessful struggle. In fact, it is this hyperactive and enterprising and at the same time frustrated personality which is responsible for the ulcer, for this organic lesion is in part the consequence of inappropriate gastric efforts which would not take place in the stomach at all were these patients not particularly active in general. This is because their gastric reactions reflect the behaviour of their total personalities, as is the case with any other individual. Indeed, the varying frequency of ulcers between the two sexes is due to the fact that an active personality is less frequent in women than in men. This difference in frequency is gradually disappearing owing to the ever-increasing social esteem accorded to women and hence to the activity and efforts they display.

Apparently peptic ulcer patients have an active genital life in spite of episodes of impotence and premature ejaculation. It is usually free from conscious guilt feelings. These patients may even consciously attribute the outbreak of their ulcers to genital excess, although their latent situation may be quite the opposite, for instance that of having been rejected or abandoned by their genital object. In this overt genital behaviour they differ from other patients who have different organic symptoms. Briefly: those prone to heart disease are also as a rule active genitally, but, unlike ulcer patients, they usually carry out their

activity under circumstances that arouse guilt feelings. Migraine patients show a less active overt genitality and suffer more often from premature ejaculation or frigidity. Patients with obesity and ulcerative colitis are much more prone than the aforementioned to renounce genital activity altogether.

One of the important actual conflicts of peptic ulcer patients prior to the appearance of the ulcer is frequently that of a genital fixation upon someone who does not afford them proper instinctive gratification. This may be due to various causes, such as refusal of intercourse, frigidity, or infidelity. This is a conflict that ulcer patients are unconsciously inclined to seek, and one which intensifies the genital difficulties already present as a result of subjection to the mother, a sense of genital inferiority, or guilt feelings over homosexuality.

In peptic ulcer patients we generally find a clear oedipal fixation upon the mother or a mother substitute. This fixation is due, in many cases, to the fact that their mothers were genitally seductive towards them and at the same time forbade them exogamy. However, in contrast to the mothers of obesity patients, these mothers do not usually try to keep their children at home, but actively thrust them into social and professional activity.

Generally speaking, peptic ulcer patients are well breast-fed and nourished by their mothers in early infancy. However, their mothers (or mother-substitutes) raise difficulties for them in infancy as regards more adult foods, such as meat, that concern the second phase of the oral-digestive instinctive organization. Hence, apart from constitutional reasons, a special type of

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

oral-digestive fixation is forced upon these individuals, which constitutes an important predisposing factor to peptic ulcers.

(For a better psycho-analytic understanding not only of ulcers but also of other digestive disorders, it is advisable to extend the term 'oral' of the first instinctive organization to 'oral-digestive', since the most important phenomena here do not occur in the mouth but in the stomach, duodenum, and intestine. Freud termed it simply 'oral', for he believed at that time that the digestive instincts were ego-instincts, as apart from sexual ones. He later modified this concept.)

Behind the first account of their genital activity that ulcer patients offer us, we generally discover, after a few sessions of psycho-analytic treatment, that their genital objects are by no means good ones. Furthermore, more often than is the case with most analysands, the very earliest psycho-analytic sessions generally bring out paranoid ideas of a plainly homosexual content. These ideas are often based on actual homosexual behaviour in childhood or puberty, which depresses them greatly to recall.

Thus, for instance, one duodenal ulcer patient used to keep getting up from the couch during his initial psycho-analytic sessions, complaining of a pain in the back. This practice was a defence against the transference reactivation of infantile experiences of sitting astride the bar of a bicycle, pedalled by a relative of his who was pressing his erect penis against him. When grown-up he often used to think of murdering this relative lest he should tell anyone of these homosexual doings.

This ulcer patient married a woman with a chronic illness, with the calculated intention, which he later fulfilled, of divorcing her as soon as she was cured. His second marriage was to a woman of whom he suspected that during their engagement she had been intimate with another man, and to whom he felt genitally inferior. He found this situation very tormenting. On his honeymoon he had intercourse with her eight times a day and in later years he would often do so several times a day in spite of her being frigid, a fact she confessed to him long after.

The heterosexual activity that often appears to be above average in peptic ulcer patients or those prone to peptic ulcers constitutes an effort to overcome their oedipal submission to their mothers or mother-substitutes, their castration anxiety, and their homosexual passive fears. Hence, when this heterosexual genital effort fails owing to their bad genital objects' intensifying their conflicts, the repressed part of their psyche begins to act pathologically.

The digestive tract is said to be the 'resonator' of the emotions. As regards peptic ulcer, and expressed in psycho-analytic terms, this means that in the face of increased genital conflicts, those predisposed to ulcers make an oral-digestive regression which brings about gastro-duodenal disturbances, among others, peptic ulcers.

Owing to their particular genital and oral-digestive fixations, and to their oral-digestive regression, the gastro-duodenal behaviour of ulcer patients and those predisposed to ulcer is usually equivalent to their genital behaviour. Thus, such persons seek out frustrating and aggressive genital objects, and, similarly in their oral-digestive regression they deprive themselves of favourable oral-digestive objects, namely good food, and look for unfavourable ones, harmful food. Just as they sincerely assert that their genitality is good, they likewise mistakenly believe that they are free from digestive trouble before the outbreak of their ulcer. They do not achieve good genital orgasm and, regressively, neither do they allow themselves the good digestion of food. Just as, in spite of their genital difficulties, they aim at hyperactive genital behaviour, they also exert great efforts in their digestion. This is evident in their muscular, vascular, secretory gastric and duodenal hyperactivity. But their repressed castration anxieties in oral-digestive regression activate the harmful effects of their gastric hyperactivity, decrease the resistance of their gastro-duodenal walls, and finally provoke the wound that is the ulcer.

One gastric ulcer patient had had homosexual experiences in his childhood, and in a paranoid way he imagined I had heard about them even before he told me of them. When his ulcer appeared he was living with his widowed mother, who was such an overwhelming personality that he and his brothers were more concerned about finding another man for her than about their own affairs. The patient married a woman from a country at war with his, and whom he knew to be much in love with another man. On one occasion his ulcer was reactivated after intercourse in which his wife was frigid. After his intercourse he had gone to a cheap restaurant where he ate some bad hamburgers. What induced him to do this was his tendency to repeat regressively at an oral-digestive level what had just happened to him genitally. The bad food, a regressive substitute for the bad woman and intercourse, brought on heartburn. That night he dreamt of 'two black bowls covered with snow'. In his dream the cold snow symbolized his wife's frigidity; the two death-coloured bowls represented the hamburgers; more deeply they

represented his wife's two breasts. Still deeper, they represented his mother's two breasts, regarded by him as bad, damaging his stomach and impossible to digest, despite all his gastric efforts. In similar situations of genital conflicts with his wife, he used to dream of his mother as a phallically aggressive being who pierced his body, and also as an orally aggressive one, a vampire-like creature, who sucked him.

The masochistic genital behaviour in peptic ulcer patients springs from their submission to a sadistic superego, which also provokes their masochistic digestive behaviour. Now, as every person's digestion is primitively related to his mother, the digestively aggressive superego of ulcer patients, which is discovered in their psycho-analytic treatments, is of a maternal nature (bad internalized mother). The aggressions of this superego, besides the usual genital contents of castration and phallic assault, include the oral-digestive contents of sucking, biting, and digesting the patient, of forcing him to deprive himself of good food and accept bad food, and of harmfully cathecting food with bad psychic contents with the unconscious sadistic compulsion to cause digestive disorders.

One duodenal ulcer patient expressed his oral-digestive regression in saying that 'When I think of being with women I feel something like a bug wriggling and gnawing inside my stomach' and that 'these worries damage my stomach'. When he had improved through his psycho-analytic treatment he compared his overcoming this fear to 'the removal of a fly from my food'. According to what the patient said, 'This fly had a bad effect on my stomach, because my brain, my mind, rejected the fly, although the stomach in itself would not have reacted at all'. The fly was an image of his maternal superego that sucked and poisoned him digestively.

Another duodenal ulcer patient was never breast-fed by his mother but by five successive wet-nurses. His mother was very domineering towards her husband and children. The patient chose his fiancée out of an unconscious wish for masochistic submission to a bad genital object with his mother's characteristics. He would often call her 'Mummy' by mistake and regarded her as phallic just as he did his real mother. He even entertained the idea that she had been obliged to undergo an operation for hermaphroditism. His submission to her made him accept her quite groundless reproaches about his being homosexual.

Once his ulcer symptoms became worse when he was upset at hearing his fiancée praise other men. He reacted by feeling castrated and forced by his fiancée and his mother to eat bad food. For him this stood for their bad breasts. Thus on this and other

similar occasions he used to take alcoholic drinks of inferior quality, and each time two glassfuls, representing the women's two bad breasts. When somewhat better, he substituted two cups of coffee for the two glasses of alcohol. He had very demonstrative dreams, with very plainly regressive oral-digestive, masochistic contents. In one of them he was forced to chew up in his mouth (which in the latent dream content meant his stomach and duodenum) a very sharp razor-blade 'like the one a madman used for cutting off his penis'. This blade also had the symbolic meaning of maternal teeth that bit into his digestive tract and provoked his ulcer.

In situations of genital conflict with his fiancée, later to become his wife, one gastric ulcer patient had various phantasies, the latent meaning of which was that of submitting to his father in passive anal coitus. In these phantasies the father entered by his anus into his intestine and ascended along it until he reached the inside of his duodenum and stomach. But on the way he had turned into a lioness with a lion's mane. In other words, the father turned into an animal clearly symbolic of the phallic mother. This lioness bit into his stomach and by this oral aggression provoked his ulcer.

These contents of oral-digestive aggression carried out by a maternal superego upon a person who is experiencing situations of genital failure, are also seen in descriptions of ulcer patients reported by other psycho-analysts. Thus H. B. Levey describes an ulcer patient who, on one occasion, after having temporarily usurped an older brother's place at the table, slept badly and had phantasies connected with a boyhood memory of being scolded by his mother who pulled his ear. Thereupon he identified himself with Christ and felt he was being eaten up at a Catholic Mass.

The maternal superego described above, which is both phallically and oral-digestively aggressive, is what ulcer patients in a certain way perceive when they feel as though they were being pierced, bitten, or gnawed by some animal inside their abdomens. The same often appears in advertisements of anti-ulcer drugs, where, for instance, there is a wolf tearing at the person's abdomen, though in these advertisements there is a projection outwards of what the ulcer patients perceive inside themselves.

In the first phase of his oral-digestive stage, the child sucks the breast and takes milk, and then foods derived from this, such as custards, cereals, etc. Later on, in his second oral-digestive phase, the child cuts his teeth, while his stomach and duodenum now secrete more potent juices which bite and digest more adult foodstuffs, such as meat. At the same time, his oedipal genitality begins to gain strength. This instinctive simul-

tancy is of far-reaching importance, since it creates deep connexions between the activities of digesting adult foodstuffs, like meat, and genital activity. Hence the meaning at once digestive and genital of expressions like 'the pleasure of the flesh' or of prohibitions such as some religions impose against combining milk and meat foods. Religious ascetics also go without 'flesh' by renouncing genitality. In such expressions and prohibitions the digestion of meat clearly represents intercourse. Owing to the existence of these instinctive connexions, peptic ulcer patients often have unconscious superego prohibitions against digesting adult foods like meat. This hampers their gastro-duodenal activity. Disobedience to their prohibitions on a genital level brings about guilt feelings and need of punishment which regressively provoke or intensify their gastro-duodenal trouble in regard to adult foods.

In some ulcer patients those superego digestive prohibitions, springing from genital prohibitions, extend back regressively even to the foods of the first phase of the oral-digestive stage.

This was clearly expressed, for example, by the patient of H. B. Levey mentioned above: 'Once I saw a circumcision. A very interesting process. Not horrified. But why do I say I was not? I guess I am afraid of castration. Food. That I do not want to eat. Do you know what came to my mind? *Why should I have connected not eating and castration? If my father threatened castration he did it to warn me to keep my hands off his wife. The way I put my hands on her was to suckle her. The way I must escape castration is not to eat.*' (My italics.)

It is through the workings of the above-described maternal superego, with its oral-digestive sadistic traits, that genital conflicts in persons predisposed through oral-digestive fixations have functional and organic repercussions on the digestive tract. As may be clearly observed, for instance, in persons with gastric fistulas, it is possible to provoke, by merely transient emotions, such injurious digestive disorders as the following: muscular spasms and other damaging changes in the gastric peristalsis, vascular spasms, stasis and congestion, modifications in the secretion of gastric juice, diminution of the efficacy of the mucous barrier and of the resistance of the gastric walls, even to the point of producing erosions. The sadistic maternal superego provokes gastro-duodenal ulcers through all these pathological organic processes which are emotionally activated. These harmful processes are also increased by negatively

cathected food, bad food, or insufficient food, that the patient eats in obedience to his sadistic superego.

As Alexander sees it, peptic ulcer is caused by the exclusively organic action of hypersecretion or nocturnal gastric secretion which is caused in its turn by a repressed craving for foods that substitute for the mother.

In the first place, such a clear-cut delimitation between what is psychic and what is organic does not seem acceptable. Moreover, Alexander's theory is invalidated by the fact that patients with gastric ulcers, which, as autopsies show, are somewhat more frequent than duodenal ones, do not usually have modifications in the gastric secretion. Also according to experimental observations, even the customary increase in gastric secretion characteristic of duodenal ulcer cases is in itself quite incapable of producing peptic ulcer. In view of all this, gastro-enterologists are attaching ever-decreasing importance to gastric secretion in the genesis of peptic ulcer, so much so, indeed, that it has been proposed to discard as erroneous the term 'peptic' as applied to ulcers and replace it with 'neuro-circulatory', as more in keeping with the pathogenesis of the ailment.

Furthermore, psychosomatic treatments of peptic ulcer patients, extending over many years, with several sessions per week, seem to show that the psychic constellation of repressed longing for the mother, which Alexander points out, is, when it exists, only a psychic stratum screening the deeper conflict with the sadistic maternal superego. This superficial stratum is created by the person's wish to find peace and refuge in apparently good mother-images (internalized mother). He thereby denies being in a state of masochistic subjection to a bad mother-image, which is his true situation.

All the above-mentioned unconscious contents of an oral-digestively sadistic maternal superego, as discovered in very long psycho-analytic treatments, even lead to regarding the crater of the ulcer as a mould of a nipple which, psychically internalized in infancy, has acted psychosomatically to digest the gastro-duodenal walls. If, for instance, one concedes that homosexual fantasies play a part in the genesis of an anal fistula, one cannot lightly set aside this other hypothesis about the genesis of peptic ulcer, although stomach, duodenum, maternal nipple, and lactation are admittedly much further removed than anus and penis from the conscious mind.

Likewise, a further component of the sadistic

workings of the maternal superego of ulcer patients appears to stem from the trauma of umbilical separation at birth. Its profound unconscious traces seem to be reactivated when the person experiences actual conflicts with contents of anxiety over separation from an aggressive mother or mother-substitute.

In one manifest homosexual, who was very submissive to his mother, although his overt behaviour was rebellious and independent, a duodenal ulcer appeared just before he undertook a long voyage which was to separate him from his mother for a considerable period of time. He had started his psycho-analytic treatment two months previously and it could be observed that, in the situation preceding the voyage and the ulcer, he had symbolic dreams of a birth that was not completed, just as he unconsciously felt he could not completely part from his mother. Thus in one of his dreams, clearly symbolic of birth, the patient fell into a wide-meshed net and remained caught by his neck. During the voyage, as proof of his well-being, although actually indicating the opposite, he sent me a photograph of himself, on a paradisiacal tropical isle, in the company of a woman whose build greatly exceeded his own, with large breasts and an aggressive unpleasant appearance.

The umbilical cord in the foetus does not end in the stomach or the duodenum but in the middle of the intestine, at a point close to the appendix, which in the adult is Meckel's diverticulum. One may, then, raise the objection that, should the trauma of umbilical severance have any effect, it is at this spot and not in the stomach or duodenum that the ulcer should appear. This is indeed sometimes the case. Ulcers with precise peptic ulcer characteristics may be found at Meckel's diverticulum and not elsewhere in the intestine. Nevertheless, psycho-analytic treatment of ulcer patients leads one to believe that the psychic traces of the birth trauma have been displaced from their initial digestive localization to the stomach or duodenum, for it is in these organs that the new-born infant retains and mainly digests the foods which replace the umbilical supply; hence, the appearance of ulcers in these organs.

In the light of present-day anatomical knowledge it does not seem readily comprehensible that the unconscious psyche could be so precise in its influence as to create the image of a nipple and of an umbilical wound in well-defined segments of the gastro-intestinal tract. But experiments on conditioned reflexes have succeeded in showing that the unconscious is able to distinguish between points in the digestive tract no

more than a few centimetres apart. One has therefore some right to suppose that they may be separately and distinctly influenced by unconscious processes.

For the acute periods, the present dietary treatment of ulcer patients is soft food, based on milk and cream in frequent feedings, viz. the diet of a months-old child. Psycho-analytically it appears that rather than for its digestive value, the diet is favourable to the patients because it makes them regress to the situation of the very first infancy in which genital conflicts do not yet exist. With this diet the peptic ulcer patients become in a way 'good' children, so that their parents allow them to digest well. In spite of its being favourable to them, ulcer patients do not keep this soft diet very long, for they find it unbearable to go on being so babyish. They disobey for the same reasons that induce them to disobey prohibitions of genital activity.

The connexions between digestion and digestive objects, on the one hand, and genitality and genital objects on the other, combined with oral-digestive regression, also explain the seemingly paradoxical digestive behaviour of ulcer patients. Thus, even when their ulcers are bleeding, there are patients who tolerate a meat diet better than Sippy's soft diet. This is doubtless owing to the fact that Sippy's diet implies giving up genitality, i.e. accepting castration, and therefore aggravates the digestive regressive substitute of castration which the ulcer wound represents. A meat diet, on the other hand, implies to some patients greater tolerance of their genitality from their environment and consequently from their superego. This diminishes their genital conflicts and, through the influence of regression, improves them digestively.

The medical treatments of ulcer patients are symptomatic and only help them temporarily. These methods do not eliminate the ulcers. As for surgical treatment, subtotal gastrectomy has the same latent meaning as castrating a person to free him from his genital conflicts. Neither does it cure ulcer patients, although it does indeed cure the ulcer. Some time after the operation, other non-ulcerous symptoms, both psychic and organic, which are at least as distressing as the ulcer was, are apt to appear in these patients. Thus a comparatively large number of peptic ulcer patients react to this operation with arterial hypertension.

At present, the sole etiological treatment for peptic ulcer patients is prolonged psycho-

analysis. If their superegos are thereby favourably modified, the ulcer patients succeed in improving their genital behaviour, which enables them to improve their digestion as well, and permanently cures them of their ulcers.

Summary

Although patients suffering from peptic ulcer do not show any apparent inhibitions in their genital behaviour, their sexual object is generally someone who frustrates them genitally. The conflict with this frustrating person antedates the appearance of their ulcer. Owing to their conflicts these patients suffer a harmful oral-digestive regression of their genitality. This

regression results in intrasexualisation of their cruel superegos, especially in their maternal aspects. In the unconscious there is a reactivation of the mental representations of a mother who sucks, bites, and digests them from within and also forces them into harmful alimentary behaviour, such as eating harmful food, depriving themselves of good food, and cathecting food with bad psychic contents. This psychic constellation brings on various functional and organic disorders in the digestive tract of these patients, finally producing ulcers. Owing to this genesis of ulcers, the sole etiological and most efficient treatment for peptic ulcer patients is prolonged psycho-analysis.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

II. UNCONSCIOUS PHANTASY LIFE AND OBJECT-RELATIONSHIPS IN ULCERATIVE COLITIS¹

By

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At present the emphasis of psychosomatic research in ulcerative colitis appears to be on the physiology and biochemistry of this illness and on the conscious attitude of those who suffer from it rather than on the exploration of the unconscious and of the deeper dynamics. The few psycho-analytic reports on ulcerative colitis patients which have appeared have greatly enhanced our understanding and stimulated interest in further psycho-analytic research on this disease (1, 2, 6, 7, 8, 10).

In this paper I attempt to deal specifically with the rich, unconscious phantasy life of such a patient and to demonstrate the connexions of these fantasies with the specific somatic symptoms of the disease. Following Freud's suggestions I shall base my conclusions strictly on clinical observation. For this purpose I have selected for presentation fragments from the analysis of one case; a 34-year-old woman patient.

This patient developed ulcerative colitis at the age of 22, six months before she married. After three months of marriage she had an exacerbation and was advised to give up work and to stay in bed for several months. She remembered with amusement the remarks of one of her co-workers when she left her job: 'I hope it is a boy.' From that time, that is for the past twelve years, she had suffered from persistent chronic ulcerative colitis with abdominal cramps and bloody diarrhoea with up to fifteen bowel movements daily. Since the onset of her illness she always had bloody bowel movements, although she observed a rigid diet and followed her doctor's instructions.

When she met her husband she was very

undecided whether she should marry him. She knew, she said, that he was disturbed and moody. She felt that he needed somebody, and she thought that she wanted to take care of him. She knew that if she married him she would have to repress much of her own personality and be the way he wanted her to be. It was in this situation that she developed the first symptoms of ulcerative colitis. She had related her indecision about marrying entirely to her doubts concerning her future husband's personality. She was then, as she was during the twelve years of her illness, and for some time still during her analysis, completely unaware of her doubts concerning her own personality. She had been completely unaware of:

(i) her intense conflict concerning separation from her mother and what this separation signified to her;

(ii) the nature of her relationship with her mother which precluded an adequate heterosexual object choice at that time;

(iii) the nature of her sexual fantasies and fears.

We know that this is a setting in which some young people may develop an acute homosexual panic or even a psychotic breakdown, while others may show a variety of neurotic manifestations and some no untoward reactions at all. Was there anything, and if so what was it, in the make-up of this patient that may have predisposed her to this specific reaction in this situation? We know that in the case of a traumatic neurosis, for instance, the form of the neurosis precipitated by the trauma will depend largely upon the form of the infantile neurosis, that is, upon the nature of the unresolved infantile conflicts.

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In my previous work with psychosomatic patients I have tried to demonstrate that the nature of the psychosomatic disease elicited by the trauma also depends upon unresolved infantile conflicts. In the psychosomatic patient these conflicts go back to the pre-oedipal and often the preverbal phases of development. Psycho-analysis is the method for investigating and reconstructing with the patient these phases of his life.

Let me now try to reconstruct in a very condensed form some of the essential parts of this patient's analysis. Its first part dealt with attempts to mobilize her feelings. As with most of such patients, she too considered herself and was regarded by others as a well-adjusted and rational person. She maintained that she had no emotional problems, and that she had come for analysis strictly because of her somatic complaints. She suffered very gracefully, almost with the *belle indifférence* of the hysteric. This part of the analysis was full of resistance and complaints about the analysis disturbing her emotionally.

Dreams about primitives, who had to be kept in strict suppression, and dreams about atom bombs, explosives, and other dangers brought into the analysis her fear of her own dangerous impulses. To be aware of an impulse was equivalent to carrying out this impulse in reality. She had fears of inflicting irreparable damage. She once said, 'Don't you read about mothers who kill their children? Why don't they go away before it is too late? I sleep next to my husband; what if I felt angry in my sleep; what if I would do something to him in my sleep?' She was in the habit of waking up and going to the bathroom every night. To discharge immediately certain impulses through urination and defecation is typical behaviour of such patients.

Later in the analysis she recalled that when she went to the bathroom as a child she would see little goblins (gnomes) in the room. They had round bellies and pointed hats. There was another version of the 'little creatures' she would see at night which was more frightening. This was a little tiger with big eyes and big teeth. The tiger was standing still, as if looking at something, or would be walking in one direction and looking in another, as if his eye were caught by some fascinating sight. Her mother had been very intolerant of any overt display of emotional behaviour, but had been very attentive to her when she complained of bellyaches.

A dream about a seashell brought into the analysis her coprophilic impulses and anal fantasies. The seashell looked like a little girl. Underneath the seashell was a little bowel movement; this was really a boy who was buried there. She had a feeling in the dream as if a murder had been committed. She remembered that she liked to look at faeces as a child and that she experienced great pleasure in doing so. Her associations then went from faeces and smearing

to eating. She had read about a cat which was born with two heads. She visualized how this cat could look in two directions and eat with two mouths, and said, 'It's good I don't get fat because I like to eat.' She spoke of her fear of fat people, especially of fat women. When she sees a fat woman she has a jilly fear that this woman might open her mouth and eat her up. 'So what can you make out of this,' she said, 'just that I want to smear and eat.' And then she added thoughtfully, 'It's a good thing the colitis takes care of it.' When I asked her what would happen if the food stayed in, she laughed and said, 'It's a good thing *they* come out.' She was laughing so that tears were running down her cheeks, and she said, 'You don't know why I'm laughing so, but I was just thinking of a game I suggested to my children in which each spoonful they ate represented a person they liked. It's a very nice thought about the people in the belly.'

Eating, being fat, and pregnancy were closely linked in her mind. She remembered that during the period when she wanted to become pregnant, and also during the early part of pregnancy, she had dreams about eating. Whenever she dreamt about eating, she immediately thought about pregnancy. She used to think that she was fortunate that her mother had let her out of the belly. She had a vision of children clamouring to get out from the belly. She often imagined herself being inside her husband and looking out through his mouth when he opened it. In this way she could be with him everywhere and all the time. She remembered her feeling as a child when she was sitting on her parents' lap in the subway looking around towards the door at the people getting in and out. It was such a reassuring feeling to know that she could snuggle closely to her mother's or father's body when she felt like it. Sometimes, when she looked at me, she had the idea that I was gobbling her up, pulling her thoughts and everything out of her and taking her inside me.

Her concepts of impregnation were highlighted in an involved dream about immaculate conception. It was brought out that she had the fantasy that a baby was conceived orally through a mixture of faeces and urine and was delivered anally. In this connexion it was also found that the onset of the ulcerative colitis (six months prior to her marriage) coincided with the time when she started certain sexual activities with her fiancé and with the time when an older friend of hers gave birth to a baby.

After these phantasies had been brought out there was a dramatic improvement in her condition. The anal bleeding stopped for the first time in twelve years. Some of the dynamics of the colitis could now be understood as an omnipotent way of giving birth anally to a baby which had been conceived orally by a combination of urine and faeces. In the session following this interpretation the patient announced that she wanted to make an amendment to the interpretation of the anal birth theory, namely, that she did not think that it meant birth of a full-term

baby but that it probably represented miscarriage. A dream she had had that night made her think so. In this dream her cousin told her that she had just had a miscarriage and that it was all over the floor. The floor was covered with blood. She asked her cousin why she did not have it on the toilet; why she did it on the floor, and the cousin replied that she could not reach the toilet.

There was now a definite shift in her attention from the rectum to the vagina. She complained about a heavy feeling in her pelvis; about a watery discharge, and she developed vaginal bleeding. She was worried that she might have cancer of the cervix. She was afraid to see a gynaecologist for fear of what she might find out. Upon my insistence, she had a gynaecological examination and was told that this was an inter-menstrual bleeding and that gynaecologically there was nothing wrong with her. But instead of feeling reassured and happy, she had a heavy feeling and continued to worry. She had never worried about her colitis. The bleeding from the vagina caused her to have a very peculiar feeling which she called 'damaged feeling'. She never had such a feeling when she had been bleeding rectally.

One day she complained that she was bleeding from both vagina and anus and that she did not know whether this was menstruation or not. This situation reminded her of the time when she had her first menstruation. She saw a stain on her underwear and thought that she had soiled herself. She was afraid that her mother would punish her. She was 11½ years old when she experienced her menarche. She remembered that she always wanted to see the little egg and looked for it in her menstrual excretions.

She remembered that when she asked her mother to have another baby, her mother had said that she could not have any more children because her pelvis was too small. Her mother had told her that, had her head been a little larger, the doctor would have had to chop it off. While telling me about this, she said, 'My mother sounded a bit too cheerful about that.' In another version of her difficult birth, her mother had told her that if the birth had lasted a little longer, the doctor, in order to save her mother's life, would have had to cut the baby up into pieces.

Her fears of genital intercourse, her confusion between vagina and mouth, and her wish to bite off the penis were brought out in a series of dreams which dealt almost exclusively with birds. In one dream a parakeet was biting her finger. This parakeet had no feet. The feet were screwed to the bottom of the cage. That day her parakeet had flown out of the cage. She had caught it and put it back into the cage. In connexion with this dream, again her need to tie her husband and her children inseparably to her and then feeling tied down herself were analysed.

She had lived in a very close physical and emotional relationship with her mother, who had not remarried after her father's death when my patient

was an adolescent. They slept in one bed, and her mother would often suggest to her that they make 'chairs' in bed. This meant that she would fit herself with her body very closely into the concave curve of her mother's body. During adolescence her mother was still very concerned with her daughter's bowel functions. They communicated about this matter in a sign language when they were in company. When my patient needed to go to the toilet, she would touch her nose to let her mother know.

She used to be a tomboy, to play with boys and think that she was one of them. She felt that her mother approved of this behaviour and wanted her to be a boy. She was never dressed in very girlish clothes. Her mother would call her 'my little monkey' and not 'my little darling' as the other mothers called their daughters. My patient would often call her son 'Sweet girl', pretending that it was a slip of the tongue and that he didn't hear it.

A dream in which somebody told her that she was changing her husband into a girl and another dream in which she was the man and her husband was the woman brought into focus her confusion between male and female. She said, 'I am tired of confusing people's sexes. Why didn't I picture my husband as a man?' And she continued, 'A man is a dangerous person. Women are more friendly people.'

She was in the habit of sleeping with her head on her husband's chest, and sometimes just before falling off to sleep she would have a feeling as if she were lying on her mother's breast. Sometimes on awakening in the morning, her husband would look to her like her mother. At such times, touching or seeing his hairy chest would startle her.

During this phase of the analysis, she reported that she had had the feeling during intercourse that her husband was a spider. 'All arms and grabbing tentacles and with a mouth in the middle. I felt like the prey. His mouth and his limbs felt like a spider. She stressed the fact that she had not been frightened by this feeling. 'It was more like an amusing perception of my husband.' To the interpretation of denial and projection of her feelings, she reacted with the question, 'What would I want from my husband? If it is the penis, then I've got it.' She had a visual association: a little spider eating up the whole person. In another visual image she saw herself merging with her husband. 'This is a very nice feeling,' she said, 'so secure and protected. But this would mean that I trust him enough to jump into his mouth and he would not close it or else I would be stuck.' Earlier in her analysis she had expressed surprise that her husband was not afraid to thrust his penis into her mouth and apparently felt the same way about her vagina.

She had a phantasy about me before falling off to sleep one night: I was a spider and I was engulfing and gobbling her up with a big mouth. That night she dreamt that she was in my office lying on her bed. I was sitting next to her. Then I was lying down next to her and in a tricky way I was putting my arms

around her. She bit me in the neck and drew blood from the jugular vein.

The emergence of her very strongly repressed homosexual strivings was met with great resistance. This phase of her analysis was characterized by a paranoid tinge in the transference and a wish to leave analysis or to change to a male analyst. She was repeating in her analysis the situation when the homosexual relationship with her mother was coming so close to the surface that a break-through into consciousness seemed imminent. At that point, in great conflict she had switched this relationship from her mother to her future husband, who seemed to lend himself as a more appropriate 'male' replacement for her mother. At the same time, she reversed with her husband the relationship she had had with her mother by attempting (apparently successfully) to make him as dependent upon her as she had been upon her mother. She then began to devalue her mother, maintaining that her mother was now dependent on her without any valid reason in reality. After she had made the decision to marry and engaged in sex play with her fiancé, she developed the first symptoms of ulcerative colitis. She came for analysis twelve years later at a time when she felt threatened in her relationship with her husband because he was undergoing analysis.

She complained about her growing dependence upon me. Once I had cancelled an appointment at the last minute because of illness. That day she developed rectal bleeding, which she had not had for many months. When she came for her session two days later, still bleeding, I interpreted the bleeding as her reaction to the cancellation. I told her that my suddenly getting ill had apparently shocked her and prompted her to use her defence against the danger of uncontrollable loss. The bleeding represented her omnipotent way of separating herself from me. To her, separation symbolized birth. Birth was a forceful and bloody removal of the baby from the mother. The next day the patient reported that the bleeding had stopped as soon as she had left my office, 'as if a tap had been turned off'. She had had similar experiences on other occasions when her symptoms had stopped immediately after interpretation. This was very disconcerting to her. It meant acceptance of a psychogenic origin of her symptoms and responsibility for her illness. She felt that it was dangerous to be dependent on me and that it was safer to have others depend upon her. She was afraid of her emotional involvement with me, and she compared me to a character of the French Revolution who knitted stockings while heads were rolling off the guillotine.

She reported changes in her feelings and her behaviour. There was a striking change in her toilet habits. Previously she would want to go to the toilet to spend time there because it was pleasurable. She talked about the change in feeling during intercourse. Her husband appeared so different now: so big, especially his shoulders. She said that she liked this

feeling, but that she did not enjoy intercourse as much as she used to. To my interpretation that she refused to accept herself as a woman in reality and that earlier she had enjoyed intercourse more because of her infantile fantasies in which her husband either was her mother and she the child or he was the woman and she the man, she replied, 'So what harm is there in that? Why can't I do that?'

She had a peculiar experience in her office one day. (She had resumed work in the meantime.) She was talking to someone who she thought was taking up too much of her time. She did not feel annoyed, but had a fantasy while talking: she saw herself squirting ink from her pen into his face. This was rather amusing to her. She thought of a scorpion squirting ink and of herself squirting blood.

Previously she would have had cramps and bloody diarrhoea in such a situation. The fact that she could now, in a conscious phantasy, gratify her impulse to attack the irritating person made the somatic symptoms unnecessary, although she could not yet tolerate consciously the affect accompanying the phantasy. Instead of feeling angry, she felt amused. She still did not trust her ability to control destructive impulses in reality. She had a dream which she could not remember, but she recalled the feeling of the dream when she awoke. She summarized her feelings: 'These impulses are too strong, too overwhelming. I had better have colitis. I need a safety valve.' The decrease in her somatic symptoms was in direct proportion to the increase in her ability to tolerate the anxiety resulting from her pregenital impulses and phantasies. When she looked down at herself on the couch her feet seemed so far away. She did not like this feeling. During puberty, when she was growing rapidly, she had had the same feeling. At the same time, she had a phantasy that she could have a thousand children, and said, 'It is a pleasant and comforting thought to be pregnant continuously.'

The ulcerative colitis had made it possible for her to function simultaneously on two different levels. In reality she could be a grown woman, married and have children. Her only handicap was her illness for which she was not responsible. In her symptoms she could gratify her infantile fantasies and pregenital impulses instantly without any conscious awareness or feelings of anxiety.

Summary and Conclusions

The etiological significance of sexual fantasies and conflicts in the genesis of conversion hysteria was established by Freud in 1895 (5). Since then the link between fantasy and conversion has occupied considerable psycho-analytic interest (3). In the psycho-analytic treatment of children suffering from ulcerative colitis, I had arrived at the conclusion that ulcerative colitis is an organ neurosis with pregenital conversion symptoms

(4, 8). I should like to reaffirm this with the case just presented.

In the case of this patient, as in hysteria, the colon (as the organ associated with elimination) had assumed the role of a sexual organ. Yet, unlike the hysteric, she did not manifest sexual fears or inhibitions. She could have sexual intercourse and even have the thought that it would be pleasant to be pregnant all the time. In fact, when she gave birth she refused anaesthesia and regretted that she did not have her eyeglasses to watch the birth process more closely. She was not bothered by oedipal fears or conflicts, and sexual intercourse, pregnancy, and childbirth did not appear forbidden or dangerous. Her sexual fears and phantasies were of a pregenital, namely oral and anal nature, and were acted out repetitively in the symptoms of her ulcerative colitis. Nothing happened to her genitally. The damage took place in her bowel. When her pregenital sexual phantasies were exposed in the analysis, a shift from the bowel to the vagina took place, and she developed genital symptoms similar to those of the colon together with some manifest anxiety. With the mobilization of anxiety leading to manifest genital fears and inhibitions, there was a decrease and finally a cessation of the somatic symptoms. One could say that the analysis was transforming her into an hysteric. I have found this dynamic constellation in every case of ulcerative colitis which I have treated psychoanalytically (9, 10, 11).

Are there genetic factors which determine the specific pathogenicity of such phantasies in the lives of these patients, and if so, what are they? Why do these patients react with these specific somatic symptoms when regressing under the impact of a precipitating traumatic situation (in the case of this patient, marriage and leaving mother), rather than with depression, psychosis or a manifest perversion? This brings me to the second topic indicated in the title of this paper, namely, the role of object-relationship in ulcerative colitis. The object-relationship of the

ulcerative colitis patient gets its particular colouring from the fact that the libidinal ties to the mother or her substitute are overemphasized, while the destructive impulses directed against her are completely denied (9). This patient's major problem was that of separation from her mother. Separation was unconsciously equated with birth. To separate was extremely dangerous. It was safer to remain inside her mother's body. Her mother did not tolerate any overt manifestation of anxiety or emotional behaviour when the patient was a child, but was very attentive to her when she complained of bellyaches. When she began to feel anxious and to display emotions during her analysis, she once said, 'My mother would have no use for such behaviour'. She felt that she gave up 'part of her personality' to please her husband because she could not be 'her true self' with him.

The unconscious phantasies, anxieties, and perverse needs of her mother had transmitted themselves to the patient, stimulating and reinforcing her own fantasies and anxieties. This relationship with the mother I consider an important factor in determining the fixation points and the choice of defence mechanisms which the child will use in the struggle with his instincts.

I consider the variations in the severity of the somatic manifestations and the variations in the personality structure of patients with ulcerative colitis as being determined by the level of fixation. Dependent upon whether there is a predominantly oral or anal fixation, there will be a greater or lesser diffusion between the libidinal and destructive energies. The psychological equivalents of the somatic manifestations in ulcerative colitis can range from melancholic depression and paranoid schizophrenia to perversion and psychopathy.

I consider the somatic symptoms of idiopathic ulcerative colitis as pregenital conversions based on specific unconscious phantasies and conflicts in persons predisposed to such a reaction by a specific mother-child relationship in early life.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

III. ORAL REGRESSION DURING PSYCHO-ANALYSIS OF PEPTIC ULCER PATIENTS¹

By

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This paper deals primarily with the type of oral material produced by 12 patients, 10 of whom completed their psycho-analytic treatment and were found to be well 10 to 22 years later, and by 2 cases that received 77 and 138 hours respectively of psycho-analytic treatment. This group of 12 patients consists of 5 Character Neuroses, 5 Obsessional Neuroses, and 2 Mixed Psycho-neuroses.

The Character Neurotic Patients

The influence of oral eroticism on normal and pathological character formation has been studied by Abraham (1) and Glover (4). They both found it difficult to present a clear picture because of three factors: (i) many oral elements persist as erotic activities; (ii) it is difficult for analysis to find oral character configurations free from admixtures with other elements; and (iii) many elements which are clearly differentiated from each other later on are still integrated in the oral phase of development.

If we are to use Freud's psychological types (2) to describe our character neuroses, we must examine them from a libidinal angle. This group was neither purely erotic nor narcissistic, but was really a mixture of both, and belongs to Freud's erotic-narcissistic type, which is the one most frequently met. In life such individuals try to steer a middle course between dependence on objects and self-love, and thus never reach the extremes of either component type. They are attempting to bring self-love into accord with object-love, and their activity and aggression help to bring the object within reach of the ego. Only when some actual external frustrations arouse them will they show a diffusion of these libidinal stages and regress to the earlier one; it is this that may result in the production of a peptic ulcer.

We are aware from our clinical studies that the functional ground-work of the mouth or oral stage is formed by libidinal activity, self-preservative activity (including orientation), and mechanisms for fusing or diverting primary instincts. In our studies of libidinal energy we have become aware that the primacy of any one zone is only relative. Thus we learn that the centralization of the libido into a common accumulation and discharge system is only relative, and that indifferent parts of the body can to some extent become libidinally autonomous, and so capable in times of stress of taking over centralizing functions, causing a backward displacement of organ libido.

We have also learned that in the pregenital primacies a general or individual period is necessary for the sufficient working out of gratification. It is especially true with suckling gratifications, that there is an optimum period with individual variations. Shortening of the period is almost invariably traumatic, while the effect of lengthening depends on the stage of ego development reached in the culture concerned, and may lead to a fixation.

In all my peptic ulcer patients I could see the effect of this over-great gratification of the oral primacy and the effect it had on the individual oral dispositions or character as well as on later primacies. Normally the primary gratification of one stage becomes subsidiary in the next until the individual is under full genital primacy, when they all become represented in the preparatory fore-pleasures of coitus. All my peptic ulcer patients were faced with an abnormal struggle on the part of the earlier primacy to retain its dominating influence. Thus it inhibited the free working out of the next primacy by continuous archaic modifications. These patients used the mechanisms of displacement and condensation

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to withdraw libido energy from one point, invest another, and, in the case of regression, to reinvest another. Analytic experience shows that this displacement is not only a forward but also a backward one. This displacement and regression form the keystone of the analytic investigation of these peptic ulcer patients.

Unfortunately we know nothing of the primary mouth situations except by repetition through later situations akin in some way to the first. We know that the influence of the relative primary situations and of repression are matters of internal economy and leave out of account a dynamic function of the mouth activity, which concerns the 'stage setting' in which the drama of suckling is enacted. During the analyses we become fully aware of the relation of the mouth to the fully formed ego-characteristics. This they express simply through the series of incorporation, introjection, and identification. It was evident that the primary autoerotic objectless stage had contributed a feeling of unalterable conviction which had become the basis of all future identification so that the subject and all objects were the same for the child. In this primitive oral phase, object investment and identifications were indistinguishable from one another. The manner of dealing with an object was actually to take it into the mouth, as was done with the breast, a process of incorporation whose psychical analogue is the introjection of objects into the ego. Thus actual introjection, as in cannibalistic activities and totemistic ceremonies, has been followed by psychical identification. In a similar way we found that this oral stage acted as a moulder of all subsequent object relations by fusing love and aggression towards one and the same object. The inner tension of hunger is dealt with aggressively by muscular movements towards and incorporation of what ultimately proves to be an outer object. The gratification derived makes this object a love object. As Freud said, 'At the oral stage of libido organization amorous possession is still one and the same as annihilation of the object.' It was this close connexion between this archaic ambivalence, introjection, and identification that these patients in the course of later identifications of complete objects, and to the sexual strivings of the opposite sex, showed in their productions the influence of the oral development in the Oedipus situation. The erotic strivings that normally take place towards the parent of the opposite sex and lead to a hostile attitude towards the parent of the same sex were absent

in my group of patients. In its place we had an identification with the parent of the opposite sex and a seeking of love from the parent of the same sex, as if to replace the love object in the erotic relationship to the parent of the same sex. With the abandonment of the erotic strivings towards the parent of the opposite sex, a regression occurred to the oral method of introjection and identification. My male patients had adopted female characteristics and the female patients masculine characteristics. We can thus see the large part that this regression to the oral phase played in the character formation of my peptic ulcer patients.

Other erogenous zones too played their part in influencing the ambivalent attitude of my patients toward objects in addition to their character formation. Primarily mouth gratification consists in swallowing and retention, anal gratification in expulsion. Later we find that retention becomes one of the features of anal pleasure, and rejection either in vomiting or refusal of the breast one of the modes of expression of the mouth. Both these were associated with a definite appreciation of the object and both expressed ambivalence towards objects. My male patients compensated for oral loss by bed-wetting. This auto-erotic activity with the nipple-like penis produces compensatory precious fluid to command. Urination provided a direct means of regression as well as acting as autoerotic compensation, but by the process of identification they established a continuity between suckling and the ejaculation of semen. In those that suffered from *ejaculatio praecox* the prematurity was associated with a lack of spasmodic quality; this was due to a pronounced urinary interest which marked its oral quality as a reaction of oral impatience. The forepleasure stages of coitus were also found to be displacements of oral activity. Thus to my patients, kissing, playfully biting, embracing, all represented a repetition with varying ambivalence of the swallowing or incorporation stage. All castration theories in my peptic ulcer patients were rooted-in the belief that the woman has a penis; some modifications were that the woman had a hidden penis, or a disappearing and reappearing penis. Some practised cunnilingus believing that by suction they could recover the hidden phallus. A passive reversal of a sadistic oral impulse together with a projection on to the female genital of destructive mouth impulses was expressed by male patients who feared that the female genital, during coitus, tears away and

sucks in the male genitalia. The main mechanisms employed by my patients in their flight into homosexuality involved a renunciation of the incestuous object by introjection on the oral pattern, the males adopting female and the females masculine characteristics. In those of my cases where the suckling technique was passive, a direct continuity could be noticed with the attitude of the male passive homosexual, while in those who were active homosexuals there was an identification in their object relations with both suckling mother and suckled child. This was true of both sexes. In these situations the jealousy and rivalry had as its background the observation by these patients of the suckling of the rival brother or sister.

The carry-over from the oral to the urogenital system was expressed as an oral revenge, for here the masturbatory technique was one of punishing the penis by the act itself. The fantasy was that the elusive nipple is at last at the mercy of the baby; it is driven to produce milk and its collapse after orgasm is regarded as a just punishment. A cessation of masturbation was usually followed by depression and extensive eating of sweets.

Depressions were a common occurrence in all my patients. It was in these circumstances that we were able to observe oral regression. These patients showed a marked increase in mouth erotism and a special fixation of the libido at the oral stage of development. The disturbance of the early ego-relations to objects was severe. The greater part of object investment remained at the stage of part-love, whilst the remainder was attached to the whole object on a narcissistic basis, i.e. with the self as object. When a love injury reactivated an early infantile narcissistic love injury there was a tendency for the slender narcissistic thread to snap and the object to be lost. This loss was never complete, for the same mouth mechanism which found the object by way of cannibalistic love helps to retain it now, but the price paid is identification. An incorporation of the object into the ego would take place, and once this was accomplished it became subjected to hostility and criticism that could only have been in keeping with the intensity of primary oral ambivalence. It was these self-reproaches as expressed in castigating the mother object in the self, as well as the self-reproach for the intolerable cannibalistic wish which my patients later expressed in their refusal of nourishment. This is the mechanism of oral incorporation of the hated mother object as bad

food which Garma (3) described in his ulcer cases.

It is interesting to note that, in all my peptic ulcer patients during their adolescence, the mouth played directly or indirectly a constant part in relation to taboos. The prohibitions usually ran in the following order; swearing, smoking, drinking, gambling, and direct sexual intimacies, first directed against kissing and hugging.

My sadistic patients showed their gratification of orality through word presentation by adopting incisive speech that revealed the biting process in their use of words; their sarcasm was biting and their speech was sharp-tongued and their wit corrosive. Some were less aggressive, and would reflectively chew the cud; others were passive, and preferred to drink in the distillations of wisdom of their parents or parent substitutes. All these oral gratifications took on either an active or a passive aim, that is, whether they were biters or suckers.

The oral triad, impatience, envy, and ambition, was expressed as a sense of immediate urgency, a necessity to 'get the thing over', which was usually accompanied by motor restlessness, an envy of the achievement of others, a desire to climb, a hankering after rewards, and yet behind it all there was a feeling that it was theirs by right and ought to be given to them. They sought security and regularity in permanence and while in such safe positions were quiet, calm, and diligent as if they were once more sucking at the preferred nipple. There could also be seen the evidence of the old oral omnipotence in their belief that they had an inalienable claim on society to be supported. Optimism seemed to be part of their belief that by some magic formula something was bound to turn up, and yet if reality came perilously near and they found they were not going to be provided for, they became despondent, turned their back on things, and drifted into irresponsibility. Others of my patients became enraged at society and sought to obtain their rights by force, just as they had when infants, furiously clawing at their mother's blouses demanding the breast. Some patients exhibited their impatience in an increased sensitivity relative to time. In keeping appointments they often adopted the precautionary measure of setting their watches fast, yet their real concern was that the other party should not be late. Delays caused impatience and fury, usually accompanied by fantasies of violence. When they had ample time they would still

hurry to keep an appointment, walking faster and faster, and when nearing their objective would break into a run.

The envy of one male patient who had observed the suckling of rival children had a strong interest in teaching, but could only impart information to individual pupils who were narcissistic replicas of himself. Another enjoyed teaching, so long as it did not involve giving specialized knowledge which had been imparted to him individually.

The Obsessive Compulsive Group

The patients in this group showed the pathognomonic symptoms of anal-sadistic regression. This was dependent on residuals of the anal-sadistic phase of libido development, the weak phallic organization, and the too early development of the ego, which, however, still functioned on the immature level of magical thinking. Further regression caused a pathological intensification of the oral traits in this peptic ulcer group. Instead of a pure culture of oral traits I became aware of the presence of an admixture of traits belonging to both the oral and anal stages of libido development.

Castration anxiety was intense in these cases because of their seductive mothers and their own strong incest drives accompanied by guilt for the intense gratification derived from these contacts. An easy regression to the anal-sadistic stage of organization was facilitated. This played a great part in the weakness of their phallic organization and caused a more intense pregenital fixation. The mother's activity caused the patients' egos to develop defences early, and thus to have recourse to archaic and immature defences. At times they seemed to give the impression that there had not been an actual regression but rather a failure to develop to a full phallic Oedipus complex. This appeared as if it might be the case because of the few compulsive symptoms that were present in these patients as contrasted with the great admixture of general infantile traits, so that they sometimes gave the impression of being hysterics or even impulsives.

The economic function of the mutual modification of these oral and anal traits was usually expressed in this obsessional group by stinginess. They grudgingly showed hospitality, were reluctant to spend, and always sought a tangible return. They were irritable and obstinate and suffered from chronic constipation. Oral characteristics were accentuated, and mouth satisfaction much sought after. The sadistic elements of

the anal stage helped to emphasize the retentive aspect of the oral activity.

Some of these patients evidenced their need for sucking gratification by showing a need to give by way of the mouth. Besides the persistent longing to obtain everything, there was a constant urge to communicate orally to other people. This urge to talk gave the impression of an inexhaustible flow and assumed special importance or unusual value. This contact through oral discharge carried over into other activities. There was commonly found an exaggerated neurotic need to urinate while talking or directly after it. The sadistic elements were noticeable where the conscious purpose was that of killing the adversary. The killing or annihilating were expressed by bodily evacuations and even as fertilization.

Several patients observed a typical obsessive bedtime rhythm which had persisted from childhood, namely the successful wooing of sleep. A certain amount of reading, which varied considerably between patients, had to be taken, in certain cases in a fixed dose, regularly before sleep, a 'night-cap'.

Mixed Psychoneurosis

In the two cases in this category, evidence periodically appeared to show that they had not overcome their fixation on their early object choice, the mother, for frequently after disappointments they again readily returned to it. On these occasions sexuality came to represent to them infantile incestuous love, and consequently involved an urge to repress all sexuality. All these patients were intensely fixated on their mother in early childhood, but later through rejections and prohibitions were prevented from gratifying their oedipal wishes. Their intense and exaggerated obsessive interest in certain fields often betrayed itself as masturbatory fantasies connected with the Oedipus complex. In two of the women patients there were complaints of nausea and vomiting which were associated with the eating of fowl and the cruelty of eating animals. In these women the fowl and animals represented their fathers, and such an act of eating would be an incorporation of a part of their fathers' bodies. Thus, this acted as a screen for the unconscious fantasy of sexual union with the father.

These patients approached their Oedipus complex with all the intensity, insatiability, and aggressiveness expressed in their solution to failure. They desired immediate and complete

gratification, which, being unattainable, caused a fear of retaliation, leading to a fear of castration and complete annihilation. The defensive approach of these patients was to regress back to orality. Instead of obtaining their goal by the avoidance of the Oedipus complex, the regression seemed to make the situation worse than before. Now gratification, as well as successful defences against their oral drives, became impossible. The castration anxiety previously feared now became a fear of being eaten, a fear of losing love, and a fear of starvation. The influence of the Oedipus complex upon the orality of my patients was evidenced by expressing their orality in oedipal language. The primal scene fantasies were connected with oral destructive fantasies, while oedipal longing was expressed as a longing for warmth and affection, in insatiable hunger and in the need for an ever-flowing, abundant breast. Their castration anxiety took the form of a fear of starvation. Behind all their orality, one could discover the concealed Oedipus complex.

These cases which showed strong oral dispositions frequently displayed social manifestations connected with viewing and exhibitionism which appeared either directly or as a reaction formation. Curiosity over trifling domestic details was often combined with more abstract interests. In one instance, a strong preoccupation with psychological mechanisms and treatment was found to be based mainly on oral situations. This view was corroborated by an interesting slip of the tongue whereby the word 'psychology' was rendered as 'suckology'.

Throughout the analyses, by the emergence of early material, it was evident that the ego was regressed. The significance of the earlier relationships between mother and child was particularly outstanding in the treatment of these organic neuroses. Frustration of oral tendencies was constantly found to be a central issue. These sustained but frustrated oral receptive and oral regressive tendencies had a stimulating effect upon the stomach secretion. During my careful study of these psycho-analytic histories, it became increasingly clear that in the character neuroses, oral regression was always due to a strong oral fixation, while in the obsessive-compulsive and mixed psychoneurotic cases it was often found to be the result of regression from an unresolved oedipal conflict. The oral regression was usually induced by the oedipal barrier. As the analysis progressed, my male patients became more and more involved in the transference conflict of the oedipal phase. Oral

regression was clearly used as a defence in which oral dependence was substituted for passive homosexual wishes. Although these homosexual wishes were a reaction to originally competitive, hostile tendencies, it was found, in the orally fixated patients, to be a mixture of phallic competitiveness and oral envy as part of the oedipal rivalry.

Several of my peptic ulcer patients acted out their homosexual phantasies by performing fellatio with casual male partners. It was evident that they were substituting the homosexual companions, a projection of themselves, for their mothers. Thus they were unconsciously, by the act, rejecting the mother and denying their dependence on her. They also, by these homosexual acts, attempted to shift their passive oral dependence from the disappointing and threatening mother to the father. This emphasized the patient's predominant orality and pointed up the replacement of the breast by the phallus. My patients' ambivalent and pregenital attitudes towards objects retained all their primitive aims; these had remained as a basic endowment of their ego organization.

All my peptic ulcer cases were children of a narcissistic parent, the mother, towards whom they became ambivalent, and helplessly dependent (7). Thus the children's ego functions and instinctual drives were in the service of the parents' own narcissism and immature instinctual drives. The children were unable to differentiate the boundaries of their own egos from the influences of the important parent, the mother. Oedipal disappointment was dealt with in the same manner as the pregenital trauma of separation or loss, by introjection of the object and regressive splitting of object and self-representation with diffusion of libidinal and passive feelings. The superego became the sadistic idealized parent-child, while the ego became the hated devalued parent-child. This is the process that Garma (3) found to be present in all of his peptic ulcer cases, and which he believes is the real basic cause of the ulcer formation. Aggressive relationships in adult life are the result of transformation of such individuals' early passivity and an attempt to deny their early childhood experiences of dependence upon the mother, the desire to receive both food and love from her. Their fantasies are that they, by their activity and contact with reality, control the situations which they once passively induced.

As a result of the intense persistence of orality, introjection, and projection, my patients had

tended to remain emotionally immature. This was furthered by their intense desire for mother's exclusive love and attention, which they attempted to obtain by any means. Their desire was to be the only child (6), and the birth of a new child into the family acted as an excessive trauma. Their disappointment in the environment, upon which they had been dependent for the perpetuation of their self-esteem, caused them to become depressed. Their greediness for love made it impossible to satisfy their narcissistic needs, and so helped further to diminish their self-esteem. Although these emotionally impoverished people were abundantly supplied with intelligence and creativity, they clung parasitically to their first love object, the mother, whom they were never able to relinquish.

These patients, as a result of their ego-alien drives, were unable to acquire the objects of their unrealistic desires from the environment. The cumulative tension brought on by their frustration caused them to turn their aggression on themselves and helped to produce their somatic and emotional suffering.

Summary

Oral regression was studied in 12 peptic ulcer patients whose psychiatric diagnoses were 5 character neuroses, 5 obsessional neuroses, and 2 mixed psychoneuroses. Long-standing neuroses were present in these patients, and the ulcer, which was part of their neuroses, would appear when actual external conflicts met with and intensified their infantile conflicts. Oral-receptive and oral-demanding attitudes dominated their personalities and kept them immature. The character neuroses showed that their oral regression was due to strong oral fixation. In the obsessional neuroses and mixed psychoneuroses, the regression to orality was found to be due to a regression from an unresolved oedipal conflict. These emotionally impoverished people were intelligent and creative, yet dependent and unable to relinquish their first love object—mother. Ego-alien ideas caused an accumulation of tension with frustration. The inability to discharge their aggression outward caused an introjection of the rejecting mother and helped to produce their somatic and emotional suffering.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

IV. NEUROTIC STATES IN DUODENAL ULCER PATIENTS¹

By

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My experience of patients with duodenal ulcer is based so far on four groups studied by the following methods:

(i) 51 male patients selected from a medical department and compared with a corresponding number of controls without gastro-intestinal complaints. All had psycho-analytically-oriented interviews and various psychological tests (1958);

(ii) 48 male patients admitted a total of 212 times to psychiatric departments where they had been examined clinically by a number of different psychiatrists (1959);

(iii) 24 female patients with a history of gastric resection five years previously, followed up by analytically-oriented interviews (to be published later);

(iv) 1 patient who has completed psycho-analytic treatment, 2 patients in psycho-analysis, and 28 treated by analytically-oriented psychotherapy.

Psycho-analysis is of course the necessary diagnostic method in radically ascertaining the psychosocial genesis, but a few psycho-analytically-oriented interviews (partially in relation to the revised answers to a special questionnaire) may be sufficient to evaluate the symptoms, the predominant personality traits, and the essential dynamic factors, presupposing that the analyst has sub-special psychosomatic training and of course that the patient affords positive co-operation. It may be mentioned that therapeutically effective insight is no absolute condition for a number of exact psychodiagnostic evaluations, no matter how much the best psychodiagnostic methods owe to psycho-analytic observations. Within present-day psycho-analysis there is an ever-increasing tendency to utilize to the full whatever adequate psychodiagnostic methods can yield before starting an analysis.

It may also be mentioned here that, although often disregarded, it is important to get really

representative materials within psychosomatic studies generally, and in cases of peptic ulcer to differentiate sharply between duodenal and gastric ulcer.

According to the results of my studies of patients with duodenal ulcer (as well as those published in the literature) duodenal ulcer appears to be a psychosomatic disease in the strict sense of the word. In other words, duodenal ulcer is a predominantly psychogenetic, somatic disease. This again means that psychic stimuli and psychogenetic alterations in the personality functions appear to be necessary factors in its total complicated genesis.

Without dwelling on the difficult philosophical mind-body problem or the no doubt insurmountable difference between somatic and psychological technique and semantics, I should like to mention some of the data which support the theory of a psychosomatic genesis in duodenal ulcer:

(i) All ulcer patients present certain similarities in respect to their pre-ulcerative psychiatric symptomatology and personality structure, features which are no doubt relevant to ulcer genesis.

(ii) All ulcer patients show a comparatively great conflict preparedness, present a long time before the ulcer disease becomes manifest.

(iii) The onset of peptic ulcer, its exacerbations and recurrences as well as the alterations in gastro-duodenal functions considered to be somatically relevant in the immediate genesis can be provoked by emotionally specific (catathymic) stress.

According to my findings, all ulcer patients are suffering from 'actual' neuroses. This is a group of neuroses to which psycho-analysts have so far paid fairly little attention. However, these neurotic states are not only common but, like psychoneuroses, mainly of psychogenic origin.

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

The most outstanding 'actual' neurotic sub-groups are anxiety neuroses, asthenic and dysphoric neuroses. An important feature is the pronounced conflictual background which is not elaborated into well-differentiated psychoneurotic symptoms. The 'actual' neurotic states apparently always include a strain of apathy. As a result, the inhibition, especially negation of emotions and imagination in particular, will act as a marked blocking of further psychological development, sometimes possibly in order to prevent psychotic episodes. It seems extremely likely that this very inhibition of the fantasy filter is a decisive condition for the vegetative hyperstimulation which appears to be present in all psychosomatic syndromes.

In a previous study of 1956 I suggested that the collective term 'actual' neuroses be altered to retention neuroses. In my opinion the defence aspects of the intrapsychic conflicts, which I have called retention mechanisms in these neurotic disorders, are on a more regressive level than the psychoneurotic defence mechanisms and on a more progressive level than the restitution mechanisms in psychoses. No doubt, however, differences of neutralization also play a rôle in differentiating between these three psychiatric main groups.

Dysphorias are of the utmost significance in patients who develop or who have developed peptic ulcer, or perhaps especially in gastrectomized ulcer patients. These depressive reactions are short-lived, but they may be of a profoundness which perhaps groups them among prepsychoses (borderline states). Temporarily the patients may feel despairing, helpless, and powerless. They may deny it or they may demonstrate it in a primitive, dramatic, or aggressive way, for instance in the form of suicidal attempts or criminal actions. It has been difficult at all times to set out criteria as to when a depressive state is to be called psychotic. In these cases, however, it is even more difficult, since the dysphoria is frequently combined with various forms of episodic addiction. Incidentally, these combined reactions are often the immediate reason why ulcer patients are admitted to a psychiatric department where, however, rapid remission as a rule occurs and they soon ask to be discharged. Thus, in their course, the dysphoric conditions differ in essence from endogenous depressions, and apparently manic-depressive psychoses or a predisposition to such psychoses seldom occur in ulcer patients. Moreover, duodenal ulcer is very seldom encountered in schizophrenics (2). And,

as I said before, regular psychoneuroses occur seldom or not at all in ulcer patients.

Whether clinical similarities, among the patients themselves or as compared with controls, are interpreted as superficial or deep resemblances will depend of course upon the psycho-analytic insight into the dynamics and the genesis of the syndromes concerned. As far as I can see, the future contribution of psycho-analysis to the understanding of psychosomatic conditions must be essentially a deeper penetration into the retention neuroses and the nature of the associated neurotic character. But securing accurate clinical data at all times is of fundamental importance to psycho-analysis also.

All ulcer patients show, likewise before ulcer manifests itself, a striking uniformity of neurotic personality disturbances. Owing to the rigid attitude, among other things, these features are comparatively easy to describe clinically. The predominant traits have been summarized in terms such as dependent-independent, perfectionistic, expansion-inhibited. (A more detailed study and description of this type was published in my monograph of 1958.) We have a long way to go before the dynamic and genetic aspects of these personality disturbances can be described in any detail on the basis of purely psycho-analytic findings. However, according to psycho-analytic experience to date, these compulsive neurotics house serious sado-masochistic conflicts which are in themselves caused by multiple factors (cf., e.g., Brenner), in these cases as well as possibly in other sado-masochistic conditions. In ulcer patients, however, anal retentive mechanisms play a predominant rôle during further adaptation attempts. All ulcer patients have considerably increased intrapsychic tension, a severe ambivalence which has manifested itself definitely in early childhood in the form of disturbances of adaptation in their relation to parents and siblings. Such interpersonal conflicts often persist in a fairly fixed form. Later, they are apt to be transferred to many other interpersonal relations, including the psycho-analytic situation. In some cases the marked ambivalence is accompanied by more or less misanthropic attitudes and very often by violent emotional attachment to non-human objects (e.g. medicine, tobacco, alcohol). It is known also that the superego functions are greatly affected in all ulcer patients. This applies to the aggressive aspects as well as to the functions relating to the ego-ideal.

The frustration tolerance of ulcer patients and

prospective ulcer patients is appreciably reduced. The bad luck by which they seem to be pursued is not merely their great dependence in itself and fear of it, but it is difficult for them to live out this dependence, to find a relatively conflict-free development and mature adaptation. Constantly these patients are oppressed—and often through unmistakable masochistic provocation—either by the threatened or actual loss of their emotional support, or else their increased narcissism is thwarted by actual impending failure in setting and attaining their goals.

Often, the catathymic nature of the psychoprovocations is fairly easy to disclose in ulcer patients, but of course this is not to say that their type or conflict situations are specific of ulcer disease as such.

In my opinion we can often talk about a

specific psychogenesis but seldom or never about a specific psychosomatogenesis, in the ordinary strict sense of these words. The only particular psychiatric characteristic of ulcer patients, one which they no doubt share with other psychosomatic patients, is their pronounced sadomasochistic conflict preparedness, predominantly retained on a character level and difficult to discharge or to solve by intrapsychic or psychomotor means. Whether the disorder persists in the form of a purely neurotic retentive character or whether it develops into retention neurotic syndromes, prepsychoses, peptic ulcer, or other forms of psychosomatic diseases, generally depends also upon various psychic and/or somatic precipitating factors. Often the chance coincidence of some of these factors also possibly has a share in the total pathogenesis.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

V. PSYCHOSOMATIC DISORDERS, PSYCHOSIS, AND THERAPEUTIC ACCESSIBILITY¹

By

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In this presentation four intertwining problems will be discussed, based on six peptic ulcer patients: (i) the specific dynamics of psychosomatic disorders; (ii) their relationship to psychosis; (iii) their psychophysiology; and (iv) the problem of therapeutic accessibility.

Both the specific psychodynamics of and the relationship between psychosomatic disorders and psychosis can often be constructed on the basis of dominant behaviour patterns and dreams. In other instances they are constructed on the basis of current reactions or memories, both emerging in the course of psycho-analytic treatment. A brief example of the latter kind will be given here. A 35-year-old physician did an excellent job as Second-in-Command of a military hospital. The old Commander was then replaced by a high-handed martinet, who cancelled most of my patient's orders, and caused confusion and uncertainty in the hospital. My patient was caught in the double conflict of letting down the whole staff by not standing up against the Commander and thus incurring their disapproval, or standing up against the Commander and risking his whole military position. In this dilemma he developed a peptic ulcer on the posterior wall of the duodenum. There was no flavour of psychosis in his emotional reaction at this point.

As a result of considerable analytic work, two dominant memories emerged from his childhood. One was seeing his sister two years younger being nursed by his mother, with the patient tugging at her skirt. The second, dating from the age of 5, was that a pet duck loved by the little boy and his sister was served up for dinner by the mother as a surprise. When the children

found this out neither of them could eat. The first of these memories clearly indicates oral rejection and frustration of dependence needs; the second, danger of being devoured by hostile forces.

As regards psychotic reactions, in the course of the analysis transference reactions were so much in the foreground that in almost no hour could the material presented be worked up without first clarifying the transference reaction. After two and a half years of analysis the patient brought a dream that as he was sitting on the parapet of a tower a rat came and bit him in the testes. The patient was overtly disturbed emotionally, and if one omitted certain qualifying phrases he spoke in a practically paranoid delusional manner. He said, 'You send me my dreams.' Then he would correct it and say, 'Well, I don't mean that you send me my dreams, but you are causing them.' He would continue, 'You give me my anxiety.' Then he would correct it, 'I don't mean exactly that you give it to me, but that you are causing it.' The patient was asked to sit up and face the analyst. With appropriate interpretations, the near-psychotic reaction subsided in about two weeks' time, never to return in the course of the treatment. The castration fear in the dream is quite evident. Its oral component reminds one of the incident of the mother serving up the pet duck. The paranoid quality of the reaction goes with the concept of the bad devouring mother, the submission to her, and the fear of castration and homosexuality. Genetically the period of the conflict described falls into the period of a relatively archaic ego in which the differentiation between fantasy and reality is vague. I may add that the patient's ulcer symptom not only dis-

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² Readers will be sorry to learn that Dr Mittelman died suddenly in October, 1959.

appeared, but a follow-up ten years after termination of the four-year analysis reveals that it has never returned.

Among five other ambulatory patients investigated with psycho-analysis or modified analysis, one patient, a married man, had an overt psychotic symptom, namely paranoia of jealousy towards his paramour. Two others showed a sensitiveness which could be considered as psychotic. No sign of psychosis could be detected in the remaining two. Specific psychodynamics revolving around dependence and compensatory masculine strivings could be considered central for four ulcer patients, but not for the other two.

The consideration of the psychophysiology of the illness leads to two important items, namely the somatic (constitutional) factor, and secondly, the great psychological and psychophysiological rôle of emotional reactions. In an experimental study on peptic ulcer with 'normal' controls, I found that the so-called normals fell into two groups. In one group the stimulus of a brusque psychiatric interview with affects of anxiety, rage, or pleasure was accompanied by a rise in secretion of hydrochloric acid and pepsin. This was also found in 'gastric neurosis' and peptic ulcer. In another group of the so-called normals, such a rise did not occur. If anything there was a lowering of both acidity and of pepsin. This difference seemed to depend on a constitutional factor. This factor may be the pepsinogen level in the blood—unknown at the time I made this investigation. It has been found by Mirsky and his associates that some individuals have a high blood pepsinogen level from infancy on throughout life. Others have a consistently lower level. Only those with high levels in statistically significant numbers develop peptic ulcers. There may well be a complimentary relationship

between the specificity of conflict and the high pepsinogen level in that the high pepsinogen level may require a less acute or a less specific conflict to produce a peptic ulcer.

As regards the importance of affect, the most impressive changes in my experiments occurred during emotional reactions. This points to the importance of analysing affects in the course of the patient's treatment. The archaic quality of affects, e.g. of anxiety or rage, consists first of their intensity, secondly of the co-existence of the two opposite qualities which are combined in the same individual. The affects are diffuse, that is, everything gets involved in the affect. Simultaneously they are concentrated on one individual who is blamed for the patient's plight. Further, there is the circular relationship between affects and fantasies. The patient's rage may result in diffuse fantasies of violence, e.g. jamming a rod down somebody's throat. These fantasies of violence then lead to fear of retribution also expressed in fantasies, e.g. of a rod being jammed down the patient's throat. This renews the initial rage and fantasy.

The conclusions suggested here as regards peptic ulcer apply to a greater or lesser degree to other psychosomatic conditions. In other words a significant number of patients fit the specific pictures, but some do not. The same applies to the question of the psychotic or neurotic nature of the fundamental conflict. According to general observation the incidence of psychosis is perhaps highest in ulcerative colitis. The somatic constitutional predisposition probably also applies to other psychosomatic disorders, but its nature is known so far in only two, namely peptic ulcer and the allergic condition. Lastly, as in the case of peptic ulcer, most patients respond well to elastically conducted psycho-analysis or psycho-analytically oriented psychotherapy.

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ON DRUG ADDICTION¹

By

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Since 1905, when Freud drew attention to the constitutional intensification of oral erotism in men who have a marked desire for drinking and smoking, there have been many detailed contributions to the problem of drug addiction. Rado (32), Daniels (33), Benedek (5), Robbins (37), Fenichel (12) and others confirmed Freud's observations in stressing oral factors in addiction. The relation of drug addiction, particularly alcoholism, to latent homosexuality was investigated by Abraham (1), Freud (16), Ferenczi (13), Juliusburger (25), Tausk (44), Kielholz (26), Hartmann (22), Riggall (35), and many others.

Kielholz (26) and Simmel (42) connected narcissism with drug addiction, while Abraham (1) and later Simmel (43) recognized the importance of aggressive factors. This view was confirmed and developed by Edward Glover, who stressed the early aggressive drive and an early oedipal nuclear conflict in drug addiction (20) and related his findings to Melanie Klein's views on aggression and the early oedipal complex (28). There were also attempts to define drug addiction as a disease and understand its relation to other diseases, neuroses or psychoses. Freud (17), Rado (32), Simmel (43), Benedek (5), Weijl (45), and more recently Federn (10), have stressed the relation of drug addiction to mania or depression; others, like Edward Glover, have described the paranoid element. It is interesting that the more important and detailed psycho-analytic papers on the problem of drug addiction were written before 1939. One of the reasons for the scarcity of psycho-analytic contributions during the last twenty years may be the recognition that the treatment of drug addiction in psycho-analytic practice is a very difficult problem.

I suggest that the drug addict is a particularly difficult patient to manage because the analyst has not only to deal with a psychologically determined state but is confronted with the combination of a mental state and the intoxication

and confusion caused by drugs. As a severely intoxicated patient is not accessible to analysis, an attempt has to be made from the beginning of the treatment, or when the drug addiction is diagnosed while the patient is under analysis, to get the severe drugging under control, and the patient has to accept either private nursing or residence in a nursing home or hospital. If the patient accepts the condition of control of the drugging, analysis can proceed. Nevertheless, excessive acting out, which can lead to crises in the treatment, occurs when the patient periodically breaks through the control. The control cannot be too severe and absolute because this would amount virtually to imprisonment of the patient, a situation which he would experience as punishment and not as help in his attempt to give up the drugs. The difficulties in treating these patients have been stressed by Bychowski (7) who in 1952 warned every therapeutic enthusiast against the treatment of any drug addict in private practice. He adds: 'This is possible only in exceptional cases and puts an extraordinary strain on the psychiatrist and the patient's environment.' Bychowski advises a very modified psycho-analytic technique in drug addiction and also refers to Knight (29) who from his experiences with chronic alcoholics emphasized that the so-called orthodox analytic technique is of no avail for these patients. He says: 'They cannot stand the passivity and the impersonal reserve of the analyst.' He is also impressed by the close relation between the personality of the alcoholic and the schizophrenic group. My own psycho-analytic investigation of drug addicts has been limited to a few patients, but I found it unnecessary to modify my usual psycho-analytic approach. As in my earlier experiences in investigating psychotic conditions, like schizophrenia and manic-depressive states, I feel that progress in understanding the specific psychopathology of drug addiction must come through

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

the understanding of the transference neurosis or the transference psychosis, however difficult this may be, but not by giving up the psychoanalytic approach.

In investigating drug addicts psychoanalytically I found that drug addiction is closely related to the manic-depressive illness, but not identical with it. The drug addict uses manic-depressive mechanisms which are reinforced by drugs and consequently altered by the drugging. The ego of the drug addict is weak and has not the strength to bear the pain of depression and easily resorts to manic mechanisms, but the manic reaction can only be achieved with the help of drugs, because some ego strength is necessary for the production of mania. One has also to consider the symbolic meaning of the drug, which is related to the unconscious phantasies attached to the drug and drugging and the pharmacotoxic effect which increases the omnipotence both of the impulses and of the mechanisms used.

As I mentioned before, the relation of mania and depression to drug addiction has been noticed by previous writers, but the detailed meaning of this relation has not been elaborated.

In this paper I shall first attempt to describe in some detail the depressive and manic mechanisms which I was able to observe in the drug addict and to relate them to the drugs and drugging.

The manic defences have their origin in earliest infancy, at a phase which Melanie Klein (27) has called the paranoid-schizoid position. They become modified later in the depressive position. For this reason the manic defences are related both to paranoid and depressive anxieties and mechanisms.

I shall first describe the manic mechanisms which are mainly used by the drug addict to control paranoid anxieties, such as idealization, identification with an ideal object, and the omnipotent control of the objects which may be part or whole objects. Under the dominance of these mechanisms all frustration, anxiety, particularly persecutory anxiety, is denied, and the bad aggressive part of the self is split off. The drug symbolizes an ideal object, which can be concretely incorporated, and the pharmacotoxic effect is used to reinforce the omnipotence of the mechanisms of denial and splitting. This can be clearly observed when the drug addict uses drugs to produce states of drowsiness leading to sleep. He is then blissfully hallucinating an ideal object and feels united or identified with it. He does not

appear to regress to the state of satisfaction of the infant at the breast as Rado (32) suggested, but to a phase of infancy where the infant uses hallucinatory with-fulfilment phantasies in dealing with his anxieties. This state is closely related to the manic mechanisms and defences, the drug effect being used as an artificial physical aid in the production of the hallucination, in the same way as the infant uses his fingers or thumb as an aid to hallucinating the ideal breast. Thus the drug is used to help in the annihilation of any frustrating and persecuting object or situation. In addition to the use of drugs for strengthening the mechanisms of defence against persecutory anxieties, drugs and drugging are more directly related to persecutory anxieties and sadistic impulses. The drug is then felt to be a bad destructive substance, incorporation of which symbolizes an identification with bad destructive objects which are felt to be persecutory both to good objects and the good self. The pharmacotoxic effect is used to increase the omnipotent power of the destructive drive. When drugging occurs under the dominance of sadistic impulses the patient splits-off and denies his good self and his good internal objects and his concern for them. He is thus able to act out his destructive drives without any anxiety and concern but also without any control which implies that the controlling power of the internal object, his superego, has also been lost. The patient can now give himself up to an orgy of destruction which is directed against the external object but which also includes his internal objects and himself. This destructive drugging represents a severe danger to the patient and a great anxiety to his relatives. It is also a major difficulty in dealing with him analytically, because during such states all progress and insight is denied and seems to be lost. I would suggest that this omnipotent destructive drugging is also closely allied to mania. Abraham (3), Róheim (39), Weiss (47), Alexander (4), Eddison (9), Fenichel (12), Federn (10), Rochlin (38) and particularly Melanie Klein (28) have drawn attention to the importance of destructive impulses breaking through in mania. Melanie Klein (27) in 1946 suggested that the triumph in mania was related to destructive omnipotence, and in 1957 she defined the destructive omnipotent element in relation as primary oral envy, a view she illustrated by case material from a manic-depressive patient.

I have so far been discussing the relation of drug addiction and mania. I want now to add

note about its relation to depression. Rado emphasized the primary 'tense' depression as a basis for a need to take drugs. Simmel (41) suggested that the periods of hospitalization and withdrawal treatment in drug addiction were analogous to periodic depression in so far as the patient appeared to provoke the painful withdrawal treatment which to him had the meaning of masochistic self-punishment by excessive drugging. I would agree with the importance of Simmel's point but would consider it as only one of the factors in the relation of depression to drug addiction. In my view, the essential factor of the relation of drug addiction to depression is the identification with an ill or dead object. The drug in such cases stands for such an object and the drugging implies a very concrete incorporation of this object. The pharmacotoxic effect is used to reinforce the reality both of the introjection of the object and of the identification with it.

I want finally to add a note about the relation of drug addiction to ego splitting. It has been pointed out by several writers, for example Federn (10), that the drug addict is unable to cope with pain and frustration. This is in my opinion not only due to the oral regression of the drug addict but to the excessive splitting of his ego and his objects which is bound up with the ego weakness. In the analytic transference situation it becomes apparent that excessive splitting of objects into idealized and denigrated ones plays an important part; simultaneously external objects are used extensively for the purpose of projecting into them split-off good and bad parts of the self. This splitting of the self drives the patient to behave both in his external life and in analysis as if he were two or more different people. This factor also contributes to his acting out excessively during psychoanalytic treatment. In addition the ego-splitting may lead on the one hand to attempts to control in an elaborate way the people into whom the patient has projected his self, but on the other hand the projective process has the effect of making the patient over-dependent on and over-sensitive to the same people.

The above observations may throw some light on the behaviour and on the ego of the drug addict, but there is a further more direct link between drug addiction and ego splitting. The drug appears frequently as the symbol of the split-off bad part of the self, and drugging occurs when this bad self is projected into external objects or when the projected bad self is taken

back into the ego. During the analysis it can be observed that the pharmacotoxic effect of the drug is used to increase the omnipotence of the mechanism of projection and the omnipotence of the destructive drives which are directed against the analysis and against the objects which are used for the projective process.

From the discussion so far, it seems clear that the drug addict is fixated at an early infantile phase which Melanie Klein (28) has called the paranoid-schizoid position, in spite of the fact that he has partially reached the depressive position. This I believe to be of fundamental importance for the understanding of drug addiction. It is particularly the ego of the drug addict and the defence mechanisms of the ego which have regressed to this early position. As far as the drug addict's object relations and the libidinal levels of development are concerned the regression is not always so marked, except when there is a complete withdrawal from external objects in the drugged state. In the cases I have observed the hunger for external objects was still very marked, and while oral impulses seemed to play their part, the oedipal problems were often more in the foreground.

I shall now select a few points from the analysis of a woman patient who had been a barbiturate addict for ten years when she began treatment with me. From the history of the patient I only want to mention that she was breast-fed for a time, but as a baby she apparently never cried for her feed. She was an intense finger sucker and biter from early on. Many methods were used to rid her of this habit but they were unsuccessful. The patient turned to her father at an early age. She idealized him, admired his success and learning, and apparently he also was fond and proud of her. He developed severe asthma when the patient was about 17 and died six years later from this complaint. The patient looked after him devotedly and he talked to her for hours about the problems which preoccupied him at the time of his illness, particularly the conflict with his own brother. After the father's death the patient was not unusually depressed, and as the mother, who had been very dependent on her husband, was shaken, the patient took charge of the situation and seemed to have been quite efficient. The patient had a sister three years older and a brother two years younger than herself, to whom she was very attached. This brother developed a severe depression after the father's death, began drinking heavily, and finally committed suicide by taking an overdose of a sleeping drug. He left only one letter, which was addressed to my patient. This touched her very deeply. The first night after the brother's death, the patient was given a sleeping pill and this seems to have started off the

addiction, which gradually become very severe. As a consequence of the addiction, the patient often became emaciated and her mother put her into mental institutions many times for withdrawal treatment. Psychotherapy was attempted several times but it proved unsuccessful and it was given up because she became too hostile and persecuted.

When I first saw the patient in consultation, she was intoxicated and confused apparently through a mixture of hypnotic and exciting drugs, and she appeared both physically and mentally very ill. She had to be put into a nursing home for the control of the drugging and for her physical condition. It gradually emerged that she was keen to have psycho-analytic treatment. She felt persecuted by the psychiatric treatment including shock therapy which she had received previously, and she put all her hopes and idealizations into psycho-analysis. Her drug addiction was very complex and overdetermined.

The psycho-analytic treatment revealed a strong identification with the brother who had committed suicide by taking drugs, but there was also a deep sense of union with him and the father, as idealized objects, which was experienced as an omnipotent sexual possessing of both of them, a phantasy which often led to compulsive drugging and sleeping. The drugging had here a manic and a depressive meaning; the identification with the dead brother and father implying a depressive reaction, while the omnipotent sexual union seemed to have a manic meaning, namely that of idealizing both the father and brother and denying the persecutory anxieties related to them. When these feelings attached themselves to the transference, these aspects could be seen in the following dream. In this dream she joined me in being sent to a concentration camp to be killed, but before death she had a very satisfactory sexual relation with me. For several days before this dream she had been feeling anxious and had dreams of men persecuting her. Following the dream of joining me in death, she went through a stage of acute anxiety, when she felt shut in and pursued by monsters. At times the anxiety was so severe that she complained of hallucinating these monsters during the daytime, and she wanted to drug herself to change the frightening situation back again into the pleasurable dream. As during this period she was prevented from using drugs, her persecutory anxieties were less split-off and denied and appeared almost simultaneously with the idealization. Drugging frequently had the meaning of omnipotently controlling the penis as an idealized part-object. She became sexually excited and anxious after taking sleeping drugs at night-time in the nursing home, which prevented her from sleeping so that she had to take more drugs to go to sleep. She then had dreams that her mouth was swelling up, leading to emissions in her mouth. The anxiety seemed due not only to sexual excitement but to a feeling of persecution

because the drug symbolized the idealized penis. But as she felt she had bitten off the penis, out of envy it soon became persecuting inside her, so that more drugs had to be taken to allay the persecution and reinforce the idealization of the omnipotently controlled penis. The drug was often experienced as representing an idealized internal breast. After a session where the analysis represented the good breast and the patient had reacted with anger and envy because she felt that the analyst controlled the analysis, standing for the good breast, she would stay in the nursing home when her session was due, take a sleeping pill and go to bed. In this way she repeated the early situation with her mother as a baby when she did not cry and sucked her fingers or went to sleep instead of feeding. The drugging also represented a reinforcement of her omnipotent destructive self because when she first became aware of her envy of my possessing the analysis as a good breast, she told me of her anxiety after seeing a film of Stevenson's *Dr Jekyll and Mr Hyde*. She felt identified with Jekyll who, through drugging, could turn himself completely into his bad self, the Mr Hyde. This division of herself into a good self and a hidden bad self, a 'Mr Hyde self', was of particular importance in relation to her father, whom consciously she had only loved and admired. For example, she had a thinly disguised transference dream where I, standing for her father, had a friendly daughter in her who worked hard for me in the garden, but there was also a hostile daughter of the same age who completely ignored me. The bad aggressive part of herself was related on the one hand to her intense jealousy which was mainly connected with the oedipal situation, and on the other hand to her extreme envy of women and particularly of men, the envy of both her brother and her father having been almost completely split-off and denied. This split-off envious part of herself became projected during the analysis into both women and men friends of her environment, which led to intense acting out. At such times she almost desperately tried to prove to me the reality of the bad envious characteristics of these friends, some of whom in fact were unselfishly attempting to help her. The brother and father had had a difficult relationship, and it had been apparent that the brother had not been able to deal with his own rivalry and envy of the father after the latter's death. The analysis revealed that the patient felt that she had split off her own envious aggressive relationship to the father on to the brother, who had to carry for her the bad part of her relation to her father while she managed to appear to the father only in a good light. It was this projection that led to such intense guilt feelings and a need to identify with her brother after the latter's death. This identification was in turn expressed by her need to drug herself immediately after the brother's death, the drug representing the dead brother, and her bad self, which she had projected into him and which she

felt compelled to take back after the brother's death. Identification with the father and projection into him of a bad part of herself also played an important role, and I shall illustrate this by some case material from the seventeenth month of the patient's analysis. The material refers to four consecutive sessions, starting with a Thursday.

During this Thursday session I noticed that the patient had started to take more drugs, and she confirmed this. She made an attack on a woman friend more viciously than usual, trying to prove to me that this friend was full of envy and jealousy of her and me. She accused this friend, in addition, of not seeing her own envy and needing analysis from me. There were references to her father's illness. I tried to show her that she was denying her own envy and jealousy of me standing for the father and that she was projecting this envy and jealousy into her friend. This projection made her feel not only that her friend was envious and jealous, but also that she had attacked her friend and made her ill so that she needed treatment. Her friend seemed here to stand for the ill father. I also pointed out that she used her drug in this present situation to make herself and me believe that her friend was in reality bad. On Friday she said that she wanted to stop drugging and she realized that there was an impulse in her to destroy. She said: 'When I am drugging I can't understand your interpretations, because while I am drugging I am giving the drugs an omnipotent power to destroy.' She also admitted that she wanted to put all her own viciousness and envy into her friend and make out that her friend was the bad one and she was the good one. Here it seemed confirmed that I had become the good father and she had, by her drugging, omnipotently put her own bad destructive feelings against me into her friend, to make her the bad one. Over the weekend the patient felt depressed and lonely, but she stopped taking drugs. She saw her woman friend in the latter's flat, but on returning to her room in the nursing home she thought it was over-full and felt asphyxiated by all the rubbish in it—it seemed 'just full of old newspapers'. I pointed out to her that it was the taking back into herself of the bad self which she had previously projected into her friend which made her feel so asphyxiated, so small and full of rubbish like her room. She then complained of a bad headache, which had started during a dream. In the first part of the dream a man and the patient's woman friend were sitting in a bar. The patient herself was lying down on a couch. The man offered the patient a drink, saying to her: 'Here is a very nice new drink which you can have, but when you drink it you have to swallow what is at the bottom of it.' When the patient looked into the glass she saw on the bottom the phlegm of her own catarrhs and felt disgusted. In the second part a friendly aunt had sent her daughter, who has the same first name as the patient, to London for a throat operation. The patient knew it was cancer.

The aunt told the patient in the dream that she herself had something wrong with her eyes which caused her to have a headache. She wanted to consult a specialist. At that moment the patient developed a severe headache in the dream and wanted to take a Disprin tablet, but when she tried to swallow it, it turned into her drug. In her associations the disgusting phlegm reminded her of her drug and the disgust she experienced when she met another drug addict in the nursing home. She related the aunt to her woman friend, who the day before had complained about the same trouble with her eyes. I was now able to show her that the nice new drink stood for the treatment which forced her to take back into herself her own problems, the phlegm of her catarrhs, which she had projected into her woman friend so often before but particularly again on Thursday. I showed her also that her own projected problems, the phlegm, representing her jealousy and envy, was identified with drugs and drugging. The identification of her projected problems with bodily substances like urine and faeces had become clear in the early part of the analysis. There was, in addition, out of a sense of guilt, a need to identify herself with her woman friend as the ill person which was shown by the headache, but instead of being able to find some relief by taking Disprin she experienced the identification as a punishment. This seemed to be the reason why the Disprin changed into her drug in the dream. The woman friend, during the whole week, appeared to represent mainly the ill father, whom she had attacked with her projections, but this became fully confirmed only in the next session. On Tuesday she said she felt sick with depression. She had become aware of a disturbing feeling in her throat. She wondered whether her tonsils should be taken out. She mentioned her many throat illnesses and catarrhs during her childhood. Suddenly she remembered that her father had had a throat operation at the beginning of his serious illness and he once took a large dose of Disprin to relieve his pain, but took so much that he developed a severe haemorrhage. The patient looked after him at that time but felt disgusted. She explained that she had despised her father during his illness, because he was so disturbed about the envy of his brother. Whenever her father talked about his brother an attack of asthma developed and the patient realized that the father could not cope with envy himself. I interpreted to her that she triumphed over her father because of his weakness in not being able to cope with envy which also implied to her that he was castrated. At the same time she used the weakness of the father to project into him her own envy and her inability to deal with it. Out of guilt she had to take back into herself the envy and jealousy which she had projected into her father, and out of guilt also she had to identify with the father's illness, his throat trouble, and his asphyxiation and his inability to see his problems, all of which in the dream was

represented by the Disprin which turned into her drug. I was thus able to show to the patient how the transference situation and her acting out by her projecting into her woman friend related to the past. Her woman friend stood both for the despised ill father into whom she had projected her own bad envious self, while I had remained the good father representing the nice new drink. In the following sessions the patient reported that she felt very relieved through her having recognized and understood the identification with her ill father. She also felt more confident in being able to accept and to deal with that part of herself which she was constantly projecting, her envy and jealousy.

There is another point I would like to consider. One might wonder why the splitting and projection of the patient seemed predominantly to relate to the father and brother, and the envy of the penis, while there was evidence of the origin of her problems in early infancy in relation to the mother and the breast. One link was given in a dream where the patient was hiding a dish full of nice food in a place called 'daddy'. There were other suggestions that a great deal of the good and bad mother relationship had been put into the father relationship. After the analysis of the identification with the father the analysis turned predominantly to the relation with the mother.

The interrelationship of the patient's earliest experiences, phantasies and mechanisms and her later development was to some extent noticeable from the beginning of the treatment, but it came clearly into the open during such episodes, which the patient called her 'crises'. At such times the patient indulged in some kind of orgy of drinking and drugging which generally ended in her taking an overdose of a sleeping drug. I shall attempt to throw some light on the psychopathology of these crises and shall use case material from the sixth month of the analysis.

I have come to the conclusion that the crises formed part of a negative therapeutic reaction. Negative therapeutic reactions are a common occurrence in manic-depressive patients, and they are equally common or even more frequent during the treatment of drug addictions. Joan Riviere has described the relationship of the negative therapeutic reaction to mania, while Melanie Klein has added to our understanding of this reaction by relating it to envy, which is mobilized by some successful analytic work. Both these factors could be observed in analysing the patient's crises. The manic reaction seemed on the one hand to be produced by the patient's feeling that she had gained much from the analysis, but that she wanted to take it away from me to triumph over me; on the other hand she found herself overwhelmed by feelings of guilt and depression as the result of the deeper insight gained by the analytic work and therefore took flight into a manic

reaction. But it was also clear that the progress in the analysis reduced the patient's tendency to split off a highly envious negative part of her personality, which came to the surface during the crises, overwhelmed the rest of her personality and caused the dangerous acting out. Once she had consumed either a great deal of alcohol or stimulating drugs, the destructive part of her personality became reinforced by the stimulants, as I have pointed out earlier. The positive part of her personality had no chance to control the situation once the crisis had started.

Before the first Christmas holidays, six months after the beginning of treatment, the patient felt so much better that she risked moving from the nursing home to the flat of her woman friend. During the Christmas holidays she suffered a great deal of anxiety and depression, but she managed to cope without taking more than the prescribed drugs. She began to feel very guilty after Christmas, having spent a lot of money on presents and on herself. She realized that the overspending was not only a denial of having very little money herself and wanting to show off and be popular, but it also implied a desire to rob her mother who was paying all her expenses. She became increasingly aware that a great deal of sexual excitement was linked with taking sleeping drugs at night. She began to feel guilty about holding on to her sleeping drugs and she realized that overspending and drugging both had the meaning of stealing from her mother, the drugs and the money symbolizing father's penis. She seriously thought of taking a step in the direction of health and normality by reducing her expenses; she also made up her mind to cut down the amount of sleeping drugs. The day following this decision she told me that she had tried to go to sleep on $1\frac{1}{2}$ grains of sodium amytal, instead of $4\frac{1}{2}$ grains, but she had stayed awake until after midnight and had been feeling lonely and miserable, longing to be with her mother, with whom she had been on bad terms most of the time. In returning from this particular interview she went home to the flat of her woman friend and found her unwell. Her friend asked her to help her and make some food for her, but the patient felt that she could not bear to stay with her ill friend, representing the robbed and damaged mother. She rang up a boy friend who went out with her. She first went to a pub with him, had four drinks and then went on with him to a party and spent most of the night drinking and taking both stimulating and soothing drugs. She came home to the flat late at night, took 9 grains of sodium amytal, and was found next morning by her woman friend in a comatose condition. A doctor was called in who sent her to a hospital to have her stomach washed out, because he could not rule out her having taken a large overdose. The patient spent twenty-four hours in the hospital and had to miss one of her interviews, but she appeared the following day for her usual session,² feeling very guilty about

² After this incident she returned to the nursing home.

this episode but also furious about having been sent to the hospital. She particularly remembered waking up in hospital and feeling intensely humiliated to be without shoes. This related to an identification with the castrated brother. There had been an important incident in childhood, which she often talked about, where her father had punished her brother by taking away his shoes. She had felt intensely sorry for him and very angry with her father for humiliating him in such manner. She also told me that she felt very guilty because in the last interview before her drugging she had withheld a dream from me. In the dream her hands were made partially of diamonds and of gold. She felt thrilled at the idea that she was rich. She thought this did not only apply to money, but to being full of beautiful and interesting things. The dream expressed clearly that she felt that she had a lot of good things, which were part of her and belonged to her, but as in fact she had been overspending her mother's money and had also in fact received a great deal of help from her analysis, the dream represented both an inability to acknowledge what she had received from her mother and the analysis and a denial of her stealing; she did not have to receive or to steal anything from anyone because she had so many good and valuable things herself.

However in her withholding of the dream from me the stealing was acted out, and she began to feel guilty about this after leaving me. On seeing her ill woman friend her guilt increased, but she denied concern and need for reparation and a manic reaction set in. Her ringing up a boy friend was consciously related to a desire to make her woman friend envious and to triumph over her. In this way she had attempted to project the envy coming to the surface in the analysis into her woman friend. As she confessed to me in the same hour that on her wedding night she told her husband that she had lost her sexual interest in him and belittled his potency, her withholding of the dream and the consequent drugging implied in part an acting out of her castrating wishes towards me, but it took some time to understand the complex nature of this crisis.

A few days later she had the following dream. It was morning, and she was going to bathe in the sea. The weather was very nice and she was preparing to take the plunge, but at the last moment she suddenly decided that she wanted to go to sleep and so she took some drugs. In her dream she went into a drugged sleep, in which she had another dream. There she dreamt that she had not needed to take any drugs to go to sleep and that she was very pleased with herself that she was well enough to go back to her home town, cured of her addiction. In the dream she said: 'Now I am no longer in need of Dr Rosenfeld to give me analysis, there is another doctor at home who can give me treatment.' Her associations closely linked up with the manifest content of the dream. Her trying to take the plunge into the sea implied a recognition of the opportunity which the treatment

gave her to take the plunge and start her life again, which had been completely spoilt by her drug addiction, but just at the moment when she was ready to do so, she decided against going forward and returned to her drugged sleep. In the manifest dream the purpose of the drugged sleep is to create the illusion of being cured of the drugging, so that she could be independent of her analysis. I am suggesting that the dream illustrates that aspect of the patient's negative therapeutic reaction which was due to envy being mobilized by the analysis as a result of her having experienced some improvement. The envious feelings prevented her acknowledgement of her increased need and greed for what the analysis has to offer. The drug is used by her omnipotently to hallucinate sleep and a state of being cured, representing an omnipotently created internal breast which makes her independent of the analyst standing for the real mother and her breast.

This analytic experience is a repetition of the very early situation when as a baby the patient felt hungry and in need of her mother but refused to cry and turned away from the mother and breast to her fingers which she sucked until she went to sleep.

Earlier in the paper I have related the early infantile experiences of the baby in turning to the thumb to hallucinatory wish-fulfilment and mania. I want to add that early envy of the breast plays an important role in the early turning away from the breast to the thumb which is an important factor in the predisposition to drug addiction.

On the surface the crisis seemed to have been produced by the patient's envious castrating wishes being stirred up by the father transference, but I have come to the conclusion that even at those times when the acting out predominantly expressed the negative father or brother transference, the early aggressive impulses against the mother and her breast had been mobilized in the transference.

The analysis was prematurely interrupted after twenty-two months against the patient's conscious and unconscious wishes by the patient's family. As I mentioned before, the relation to the mother and the breast had by then appeared more openly in the analysis. At times her addiction to drugs had changed into an addiction to food, for example a compulsion to eat oranges.

It is interesting that analysts from early on have been perceptive in looking for the main psychopathological basis of drug addiction in orality and the very early sadistic impulses, which they related to the progressive defusion of instincts.

This view is largely confirmed by this investigation, which stresses not only the importance of manic depressive mechanisms, but the importance of the early splitting of the ego in addiction.

Summary

It is suggested in this paper that drug addiction is closely related to the manic-depressive illness, but not identical with it. The drug addict uses certain manic and depressive mechanisms which are reinforced and consequently altered by the drugs. The drug has both a symbolic meaning which relates to the unconscious phantasies attached to it and the drugging and also a pharmacotoxic effect which increases the omnipotence of the mechanisms used and the omnipotence of the impulses.

The use of the mechanisms of idealization, identification with ideal objects, and denial of persecutory and depressive anxieties is related to a positive or defensive aspect of mania.

The destructive phases in drug addiction are closely allied to the destructive aspect of mania. Drugging often has a depressive meaning also, the drug symbolizing a dead or ill object which the patient feels compelled to incorporate out of guilt. An important part in drug addiction is played by the mechanisms of ego splitting and projection of good and particularly bad parts of the self, mechanisms which are more pronounced

than in the manic-depressive states. The bad part of the patient's personality often becomes identified with a drug and during the drugged state is projected into objects in the environment which often leads to severe acting out. Drugging also occurs when the bad self is taken back into the ego. I am suggesting that the weakness of the addict's ego is related to the severity of the process of ego splitting and that the prognosis of the psycho-analytic treatment of a drug addict depends on the extent to which the analysis is able to help the patient to integrate the split-off parts of the self, a process which implies a strengthening of the patient's ego.

Crises of severe drugging may occur when the analysis is making progress and the splitting of the ego diminishes, which leads to aggressive acting out. This reaction may be regarded as a negative therapeutic reaction.

On the surface the oedipal conflict and homosexuality play an important part in the psychopathology of the drug addict, but during analysis it becomes apparent that the overwhelming force of his conflicts can only be understood by examining their basis in the very earliest conflicts and mechanisms of the infant.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

1. INTRODUCTION¹

By

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There are few problems more challenging than the subject of today's symposium. Depression, like anxiety, is a subjective experience integral to human development and the mastery of conflict, frustration, disappointment, and loss. At the same time, however, depression, again like anxiety, is not only to be regarded as an affective experience of general psychological significance. It is also the main presenting symptom of a regressive clinical syndrome, as severe, characteristic, and well defined as any to be found in the whole field of clinical psychiatry. This illness, moreover, because of its frequent occurrence in patients with a positive family history and its common association with specific periods of biological significance, poses crucial problems as to the relation between psychogenic, environmental, and constitutional factors in the development and structure of mental illness.

To most of you my point of departure must be familiar. Abraham, pioneer in this field, emphasized the role of constitutional factors in respect to depressive illness. He also indicated the general significance of depression as a symptom which might be compared and contrasted with anxiety. 'The affect of depression,' he said in 1911, 'is as widely spread among all forms of neuroses as is that of anxiety. Anxiety and depression are related to each other in the same way as fear and grief. We fear a coming evil; we grieve over one that has occurred.' Certain aspects of recent psycho-analytic theory might be epitomized by comparing the following statement from Edward Bibring's 1953 paper, 'The Mechanism of Depression.' 'Anxiety and depression represent diametrically opposed basic ego responses. Anxiety as a reaction to danger indicates the ego's desire to survive. The ego challenged by the danger mobilizes the signal of anxiety and prepares for fight or flight. In

depression, the opposite takes place; the ego is paralysed because it finds itself incapable to meet the danger.'

The key word, of course, in this more recent formulation is 'ego'. Freud's initial concept of anxiety maintained a theoretical distinction between fear and anxiety which delayed recognition of the role of anxiety as the stimulus for adaptive defences. While his later formulations enriched our understanding of the central role of anxiety in psychic development, difficult problems remained for the theoretical understanding of pathological anxiety states. Parallel and related considerations apply to the differentiation between depression as a general affective experience and depressive illness as a complex regressive syndrome. Abraham, for example, suggested that depression, like anxiety, might be attributable to repression. 'We can distinguish,' he said, 'between the affect of sadness or grief and neurotic depression, the latter being unconsciously motivated and a consequence of repression.' Bibring's concept of depression as a basic ego response, though in some respects controversial, emphasized the crucial importance of depression as an affect integral to psychic life. At the same time, however, this general concept of depression does not answer many questions relevant to the structure and meaning of pathological depression, and in particular depressive illness.

While, however, our concepts of anxiety and depression as affects of general psychological significance have thus changed with the development of ego psychology, Abraham's original formulations with regard to depressive illness appear to have become more rather than less compatible with the general body of psycho-analytic knowledge over the passage of time. In particular, the importance he attached to object

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

relations, aggression, and the mastery of ambivalence, have been confirmed by psychoanalysts of every school of thought. In both his 1911 paper and in his more extensive 1924 monograph, moreover, Abraham approached the developmental, theoretical interpretation of depressive illness via a detailed and perceptive understanding of its clinical phenomenology. Beyond any reasonable question, finally, the patients whose psychopathology he discussed were definitely depressed. Subsequent psychoanalytic discussions of depression have in contrast frequently been obscured by two factors: first, failure to distinguish clearly between depression as a symptom which may arise in the widest variety of clinical conditions ranging from normal grief to overt schizophrenic disorder, and depressive illness as a specific psychiatric syndrome; and, second, emphasis on infantile precursors to the relative neglect of definitive adult psychopathology.

The relation of early experience to adult pathology is of course a crucial problem for the psycho-analytic understanding of mental illness. The continued activity of primitive unresolved conflicts in adult mental disorder remains a fundamental corollary to the dynamic approach to mental life. A number of psycho-analytic formulations have thus focused primarily on suggested similarities between adult symptomatology and reconstructed early experiences. Freud's proposals concerning the nature of major hysterical attacks and Rank's theory of the birth trauma are classical examples of this type of psycho-analytic reconstruction. The primitive archaic features of overt depressive illness lend themselves to a similar approach. Abraham, Rado, Klein, Jacobson, and others have accordingly attempted to understand adult depression by reconstruction of its infantile prototype. Abraham suggested the hypothesis, subsequently elaborated and expanded by Jacobson, that disappointment at the oedipal level reinforced or regressively revived unresolved pregenital conflicts, leading to repetitive depressive responses to subsequent disappointment and loss. Rado made analogies between the infant's nursing experiences and the depressed ego's attitude towards its own superego.

The most far-reaching analogies between adult depressive illness and early developmental phases have been proposed by Mrs Klein and the English school. A universal infantile depressive position has been postulated, the general characteristics of which determine depressive

responses in adult life. The primary importance attached to early object relations in this context converges in certain respects with contemporary hypotheses put forward by psychoanalysts of very different orientation. There is thus considerable consensus as to the relevance of early experience to the predisposition of depression. A crucial question, however, concerns the degree to which regressive symptomatology in adult life represents a direct repetition of the original developmental process. Mrs Klein, although she has explicitly stated that her hypothesis does not imply overt clinical depression in infancy, clearly suggests that the unconscious struggles and fantasies characteristic of the infant's mental life are revived in the dreams, fantasies and affective experiences of the adult depressive patient. Similarities between adult depressive illness and early responses to real or threatened object loss are also integral to the otherwise very different reconstructions proposed by Abraham, Jacobson, Rado, and Spitz. The common premise, in short, underlying these theories, is that adult depressive illness closely resembles an infantile prototype.

Stimulating and important though such reconstructive efforts may be, they tend to raise questions similar to those aroused by Rank's theory of the birth trauma as the definitive explanation of pathological anxiety. While in this context recent work, in particular that of Dr Phyllis Greenacre, confirms the potential pathogenic implications of birth and the early post-natal period, a crucial distinction has been proposed between infantile experiences leading to predisposition and understanding of the specific content or meaning of a definitive clinical syndrome in adult life. A similar orientation in current analytic approaches to the problem of depression concerns the relation between infantile problems in establishing and maintaining satisfactory object relations and overt depressive illness in adult life. In contrast, however, to those who stress infantile prototypes of adult depression, Bowlby, Rank, Mahler, Rochlin, and others emphasize the significance of early disturbances as potential factors in developmental failure, often leading to poor object relations and lack of capacity for sadness and grief. Rochlin, in addition, doubts the capacity of the infant and young child to develop genuine depression and suggests that depressive illness can only develop in a relatively mature individual. Others, although they do not take such an extreme view, nevertheless emphasize the primary importance

of early experience in determining ego development and the capacity for genuine object relations. While traumatic experiences in this area may be integrally related to the predisposition to depressive illness, this does not necessarily imply that adult depression is to be regarded as the direct repetition of early experience.

Freud himself was of course explicit in his recognition that however close the dynamic similarities between early pregenital conflicts and their regressive revival in adult illness, specific content is inevitably determined by the level from which regression has taken place. The importance, moreover, of certain life situations in respect to the emergence of psychic illness has always been recognized. In general, however, the psycho-analytic developmental hypothesis has been interpreted until very recently to imply, first, that adult symptomatology directly repeats infantile experience, and second, that psychic development is in many respects complete by the beginning of the latency period. Rochlin's suggestion, however controversial, that true depressive illness can only develop in relative maturity, suggests an expansion of the developmental hypothesis implicit in much recent analytic writing and research. Widespread recognition of the importance of adolescence as a developmental phase may be cited as the classical example of this expansion of the developmental hypothesis. Dr Grete Bibring and her colleagues are at present investigating childbirth as a normal developmental crisis. Dr Therese Benedek has proposed a similar hypothesis not only in respect to childbirth, but also in relation to the menopause. Dr Kurt Eissler has investigated patients faced with imminent death, and the very word 'geriatrics' indicates increased interest in the problems of old age. The most ambitious and far-reaching suggestions in this area have been formulated by Dr Erik Erikson in a number of stimulating contributions which delineate a series of developmental stages. His concepts finally have been incorporated in recent metapsychological proposals formulated by Drs David Rapaport and Merton Gill, in which the adaptive hypothesis is for the first time defined as a metapsychological assumption.

Freud's definitive formulations on anxiety clearly foreshadowed this expansion of the developmental hypothesis. 'Each situation of danger,' he said, 'corresponds to a particular period of life or developmental phase of the mental apparatus and appears to be justifiable to it.' With the development of ego psychology and

the related increased recognition of the ego's adaptive functions initiated by Hartmann's important work, the developmental hypothesis has expanded in two ways. First, by the introduction of a developmental approach to the ego itself; second, by recognition of the fact that not only childhood, but the whole life cycle, must be understood in a developmental context. The special relevance of this developmental approach to the theory of depressive illness should be recognized. From the outset psychoanalysts have recognized the importance of both innate constitutional and biological factors in the development of depressive illness, the relative frequency of which in adolescence, after childbirth, and in the involutional period must be explained. The role, moreover, of precipitating external events of obvious time-related significance; graduation, retirement, separation, and object loss, points to the importance of environmental factors. This expansion of the developmental hypothesis may facilitate understanding of the frustrations and challenges characteristic of different periods of life. It must, however, be emphasized that such an approach does not imply diminished emphasis on the crucial importance of the earliest years. Erikson's concept of basic trust, for example, should be cited in this context as only one example of the increased importance attached to the early mother-child relationship in our current analytic contributions. A new dimension, rather, has been added, at least implicitly—time: in addition to asking why an individual develops depressive illness, which may well be determined in the early years, we should now ask, in a developmental context, an additional question: when? At what period of life and under what circumstances has a depressive illness developed? In this way we may be able to understand how both dynamic and economic changes related to biological factors and events in the external world which influence object relations may determine the genesis, development, and resolution of depressive illness.

A central problem in the elucidation of these developmental phases concerns the structure and function of the ego. Freud thus proposed a dualistic theory to distinguish between primary anxiety or a traumatic situation in which the ego is helpless, and secondary or 'signal' anxiety as the response of a relatively mature ego to an internal danger. On the one hand expansion of the developmental approach requires elucidation of the specific internal dangers characteristic of different periods of life. On the other hand a

qualitative differentiation is here implied between anxiety which acts primarily as the stimulus for defensive adaptive efforts, and anxiety in which the ego either because of immaturity or because of regressive modification is flooded by stimuli it cannot master. The relevance of the latter to Edward Bibring's ego-psychological approach to depression is highly significant. It is, however, essential to make a distinction between the total helplessness implied by Freud's definition of a traumatic situation and the relative helplessness implicit in Bibring's conception of loss of self-esteem, which may indeed be fruitfully compared with Freud's signal theory of anxiety.

Discussions of clinical anxiety have attempted to elucidate the complicated interrelationship between the two kinds of anxiety postulated by Freud. The fact that, as Max Schur has suggested, the ego itself may under certain conditions regress in the face of internal danger, is of decisive importance in determining both the quantity and the quality of anxiety. A differentiation may thus be proposed between anxiety which essentially retains its signal functions without significant regressive modification of the ego, and more pathological anxiety in which such modification takes place. An ego-psychological approach to depression facilitates a similar differentiation within a unified conceptual framework, between normal or neurotic depression and overt depressive illness. In so far as, it may be suggested, clinical depression is confined to a sense of inadequacy and transient loss of self-esteem, we are dealing with a symptom within the range of normal or neurotic experience. Depressive illness, however, like incapacitating anxiety states, involves more complex regressive changes. It is not only that the ego suffers a loss of self-esteem but also that this experience initiates far-reaching changes within the psychic apparatus as a whole. The ego, in short, of the seriously depressed patient has undergone qualitative regressive alterations with associated intrapsychic changes of a widespread nature. The relation, however, between regression as a loss of mature ego functions with the emergence of primitive archaic mechanisms—in both anxiety and depression—and the original process of development and maturation remains an area of considerable obscurity and controversy.

The changes themselves are, however, less controversial than their relation to infantile precursors. There are indeed broad areas of agreement in respect to the dynamic, economic, and structural characteristics, both of the pre-

disposed individual and of depressive illness itself. The specific vulnerability, for example, of the depression-prone individual to disappointment, frustration, and loss is generally recognized. Rado, in his classical paper, described characteristics which resemble in all essentials those which Nacht underlines today. These general predisposing characteristics have been described in different terms according to the theoretical position of different contributors. The need, however, for unqualified love, i.e. narcissistic supplies, and the relation of this need to unmastered aggression is generally accepted as an indication of the importance of insecure, ambivalent object relations as a predisposing cause of serious depressive responses to loss and frustration. There remains, of course, a wide range of theoretical approach to the nature and significance of the aggressive instinct. The crucial importance of unmastered aggression in the theory of depressive illness may, however, be summarized by comparing once more a statement from Abraham's original description with Bibring's more recent formulation. 'In every one of these cases,' said Abraham, 'it could be discovered that the disease proceeded from an attitude of hate, paralysing the patient's capacity to love. . . . The pronounced feelings of inadequacy from which such patients suffer arise from this discomforting perception.' 'The blow to self-esteem,' said Bibring, 'is due to the unexpected awareness of the existence of latent aggressive tendencies within the self, with all the consequences involved.'

Both Freud and Abraham recognized that the withdrawal from the outside world and real objects characteristic of depressive illness involves complex internalizations as a result of which the depressed patient's unmastered aggression is directed against his own ego by a hostile, recriminative superego. There is also an ego identification with the negative devaluated aspects of the lost object. While these original constructions retain a high degree of validity, subsequent writers have differed both in their formulations of the mechanisms involved and in their reconstructions of the developmental process, with particular reference to the origin and structure of the superego. Some have stressed in this connexion the significance of identification as an ego-superego mechanism. Others, like Abraham and Klein, emphasize the mode of instinctual activity, in particular oral incorporation and the related mechanism of introjection. As Rapaport, in a so far unpub-

lished paper on the superego, has indicated, the relation between these internalizing processes remains difficult and obscure. That they are crucial for depression and that regressive modification of both ego and superego result is, on the whole, generally accepted.

Related, however, to this difficult and obscure area is the whole problem of the regressive implications of depressive illness. There is first of all the need to differentiate between characteristics of the predisposed individual which suggest developmental failure and significant regression during the course of illness. It is here that current psycho-analysis appears to differ most widely from the early formulations to which we should in these closing remarks return. In emphasizing both its oral and its anal significance, Abraham focused primarily on an attempt to understand the symptomatology of depressive illness in terms of its unconscious content or meaning. No one who has treated a seriously depressed patient can fail to confirm the validity of his observations. Whereas, however, Abraham regarded depressive illness primarily as the result of instinctual regression to a level of pregenital fantasy, we would tend today to focus primarily on the regressive modifications of both ego and superego which facilitate the emergence of primitive and archaic fantasy. While the vulnerability of the individual ego may be largely determined by the experiences of early developmental failings, this by no means implies that instinctual regression is the primary determining factor for depressive illness.

The current relevance, to which I referred in my opening remarks, of Abraham's comparison of depression and anxiety suggests that in certain respects psycho-analytic theory has come the full orbit—back to its original point of depar-

ture. The orbit itself, however, must now be approached from a new and different angle. Depression, like anxiety, is integral to human development and experience. While anxiety may be defined as the ego response to a disaster which threatens, depression represents its response to one which has materialized. Both responses range from a mild signal to a devastating pathological syndrome. The ego itself is regressively changed as the signal fails to elicit adaptive responses. Predisposition to manifest depressive illness is probably determined at an early stage of ego development. Failure to establish and to maintain positive ego identifications based on good object relations, however determined and however conceptualized, substantially impairs both ego and superego development. The related ambivalence and unmastered aggression render the individual vulnerable to disappointment and frustration in adult life. Analytic theories concerning the relation between specific fantasies, experiences, and affects characteristic of early developmental phases to adult symptomatology are widely divergent. The differences of opinion, however, and the differences of terminology which will probably be illustrated in our discussion today, should not blind us to the very substantial areas of essential agreement as to the dynamic, structural, and economic significance of depressive illness itself. Expansion of the developmental hypothesis may lead to increased understanding of the depressive potentialities of succeeding stages of the life cycle. The fundamental blueprints, however, for the psycho-analytic understanding of depressive illness were drawn with amazing accuracy in the classical papers on this subject written by Freud and by Abraham.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

II. DEPRESSIVE STATES¹

By

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The study of depressive states leads the psychoanalyst to the centre of the fundamental drama that troubles the heart of man, for man is possessed by two apparently equal and contradictory powers, pulling him in opposite directions. Yet sometimes these forces may be intimately blended and linked together, and even, occasionally, replace each other. Thus man is moved by an imperious need to love, to create and construct, and by an opposing and equally tyrannical desire to hate and to destroy.

It may happen that these forces are turned in favour of, or against, the individual himself: the man who hates may unconsciously adopt self-destructive behaviour; if, accepting himself, he becomes open to a more positive attitude, he will select a more beneficent type of behaviour. Love, as we know, often turns into its opposite, hatred; and we also know that when this hatred can find no outlet in the external world it is capable of more or less overwhelming man's inner world. It is this 'more or less' which defines the various depressive states, from the 'little' neurotic depression to the delirious states of melancholia.

Definition and Clinical Data

For this reason we shall not attempt any further distinction between the various depressive states that have already been more or less satisfactorily classified, both clinically and by tradition. But to eliminate any ambiguity of terminology about our central theme, we shall call the patient in a state of depression *depressed*, and the patient exposed or liable to states of

depression, *depressive*; and we define depression as a *pathological state of conscious psychic suffering and guilt, accompanied by a marked reduction in the sense of personal values, and a diminution of mental, psycho-motor, and even organic activity, unrelated to actual deficiency*.

We should point out at once that this descriptive definition makes it impossible to accept, without reservations, terms such as 'depressive position' and 'anaclitic depression' as employed by M. Klein and R. Spitz respectively, to cover facts which we agree are important, but which we should have preferred to see described in more original terms, to avoid the confusion of concept which inevitably follows a confusion of terminology.²

But we can find important variations of degree within the framework of the clinical definition we have given. The depressive state may be more or less intense, sometimes it is even only *latent*. Sometimes mental operations are impaired, slowed down, or obscured; at others they are almost intact; sometimes the state is dominated by sadness and guilt, sometimes by a sense of emptiness and annihilation. Sometimes the patient listens to us, sometimes he does not, and so on. . . . Psycho-analytic concepts must take these clinical differences into account.

In this study we shall therefore be guided by the belief that there is a *fundamental unity* underlying these dynamic states, despite their apparent diversity. We shall study successively the *constant* and then the *variable* factors. They are to be found not only amongst the mechanisms

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² We note, in fact, that the depressive position is described by M. Klein as a *normal* phase in infantile evolution: elsewhere, E. Spitz is careful to avoid any confusion between the very special syndrome of anaclitic depression and the depressions found in the adult. This has been recently stressed by Rochlin (57a) who considers that clinical depression due to the activity of the superego does

not exist in childhood. He describes the disordered states in childhood attributable to the loss of the object as the *loss complex* (although in our view it would be better to use the terms 'syndrome of object deficiency or loss'). He shows the important part played by the possibilities of identification. We shall have ample opportunity of reverting to this phenomenon, which is the key to the depressive states.

instituting the depression, but also at the dynamic and economic levels common to the depressive state, and finally, at the level of the depressive personality itself. Such is the plan we propose to follow. Let us begin with a study of some of the constants.

First of all we shall describe a case which forms the clinical basis of our observations.

Case History

The following case is not the complete record of a psycho-analytic treatment. We have only time to describe certain particularly characteristic traits in the biography of a patient and of her treatment. We felt it would be valuable even in this abridged form because, firstly, it is rare for a psycho-analyst to have the opportunity of treating a case such as this, which might legitimately be diagnosed as manic-depressive psychosis; and secondly, because this case demonstrates, in a way that can be more easily verified than elsewhere, how closely the oedipal and pre-oedipal elements are articulated and intimately commingled. The binary pre-oedipal mother-child relationship appeared, however, to be the most disturbed element in our patient's case, and to have formed the principal pathological element in her personality structure.

The treatment we shall discuss was undertaken during the end phase of the third crisis of depression in the patient's life; crises which had always been accompanied not only by threats of suicide, but by attempted suicide. However, whereas the two preceding crises had been of purely depressive character, the one we were to observe displayed the initial symptoms of maniacal excitation.

The history of the patient is as follows: at this period she was a young woman in her thirties, mother of several children, and herself the youngest of a family of several children. Her relationship to her mother had been particularly bad: this mother, an amazing and probably neurotic character, neglected her home, her children and her husband as much, it seemed, through neurosis as through any inherent incapacity. Her father, for his part, seemed to have been equally frustrating, with his weak personality tending naturally towards a 'laissez-faire' attitude—and, for the rest, seeking and finding compensatory satisfactions outside the home.

Into this affective climate, in which all the needs of love, whether from the paternal or maternal side, remained unsatisfied, and where there brooded, disguised and repressed, an atmosphere of hatred and suspicion, there appeared one day Mlle X, the nursery governess. At this time the child was between 5 and 6 years old; and whereas the mother was effectively absent from the home, and the father non-existent, the governess soon showed that she was very much there. She gave orders, insisted and, above all, punished. The punishment was, incidentally,

always the same: sticking pins into the patient's buttocks. As soon as she was old enough to have lessons, for instance, the child would recite them, seated, while the governess, standing behind her (like the analyst, later!) would punish faults and badly-learned lessons by sharp pricks with the pins.

Thus a sado-masochistic relationship (to become, later, in a different context, sado-anal) began to replace that other earlier unconscious sado-masochistic relationship, born of a disappointed need for love, and experienced by the child solely on the level of fantasy, because of its burden of guilt. This was now to take shape and be experienced in reality in the relationship to the governess. Such a sado-masochistic relationship could not fail to weigh heavily on the child's development and lead inevitably to moral masochism. This intensely eroticized relationship was to reappear later in the guise of perverse sexual relationships when she had become a woman. Further there were to be unexpected repercussions of the Oedipus conflict when she reached the age of 16. Her music teacher—her mother's lover, as she well knew—was not content until she, too, became his mistress.

From then on there was a strong reaction of guilt. Her general behaviour was completely changed: until then a good pupil, she was now expelled from school for indiscipline, bad work, and even for stealing from the library. She also began to steal from shops. In short, she did all that was necessary to attract attention and get punished at all costs.

It was at this time that she met the man she was later to marry. A sado-masochistic relationship, at first moral, then perverse, on the lines of that inspired by the governess, was quickly established between them. This was all the more easy in that the husband also proved to be authoritarian, exacting, and severe, as she had been.

We now reach the main subject of our report: the successive crises of depression, the first of which occurred after the birth of the first child. Conjugal life, and particularly maternity, had revived the basic conflict with overwhelming force: the young woman could neither accept herself as similar to the image she had formed of her mother, with whom she refused to identify, nor as different from her, since she could not reject her. The conflict was, as it were, crystallized in the mother's frequent and rather banal witticism, which the daughter could never forget: 'I feel as if I were a hen which had hatched a duck's egg!'

The most important problem of identification (with its other aspects of introjection and incorporation) could only be resolved by the patient through the depressive 'accident'. During the depressive crisis she would become the child she had once been and at the same time rediscover in her the mother formerly so much detested. But she could now, at last, express all her hatred towards her and unconsciously maltreat her as she wished: the idea of

suicide and her delirium of self-accusation had no other basis of existence, as we shall see later.

One of these depressive crises occurred during treatment. We shall show later how certain facts could only be understood in the light of analysis.

The treatment began at the end of a depressive phase: the idea of suicide had faded away, together with the state of sadness and 'moral suffering'. So the young woman had been able to leave the clinic to which she had been sent, return home, and even, later, attend regularly for her psycho-analytic treatment. There was still some slight slowing down of the train of thought, but this did not appear to hamper the work of analysis. It was, however, this persistent symptom which was later to prove a formidable obstacle to the progress of the treatment. For a relationship in many ways analogous to that with the governess very soon, if not immediately, established itself on the place of transference between analyst and patient: for instance, she expressed herself slowly, painfully, in snatches—a fairly frequent anal-sadistic behaviour. This behaviour, motivated by forces lying deep in the unconscious, became at surface level—or shall we say, at a more nearly conscious level—a mode of speech which now expressed towards the analyst certain characteristic traits of the former relationship to the governess: she 'kept him waiting', searching for words and stumbling over them, just as she used to recite her lessons to the governess, trying above all to provoke her, or more exactly, to provoke the stimulating pinpricks which were manifestly erotized.

As she became successively more conscious of the significance of this form of speech, and was able to integrate it, her relationship to the analyst became more flexible, and the slowing down of the train of thought, such a disturbing symptom in melancholia, disappeared.

From then on the analytic work became much easier, and a transference relationship of a new type was set up, which portrayed the timid, hopeless attempts of the little girl, in former times, to attract the attention and love of a father who was seldom present and always inattentive. The failure of these attempts had always been bitterly resented, but had not been of a decisive nature. Soon it was the turn of the mother-child relationship to take the stage all the more violently in that even the frustrations experienced with the father were blamed on the mother, who was held, in the unconscious, to be responsible. Thus, even the oedipal frustration itself was derived from the initial, basic disappointment, which seems to have been the decisive factor: the disappointment inflicted by a mother, affectively a nonentity, a whimsical being from whom everything was expected but who gave nothing. Thus the child's immense need for love, when disappointed, gave place to an equally intense hatred, creating a bond which was as toxic as it was indissoluble.

The work of liquidating and integrating this basic

relationship went on in an apparently satisfactory manner. The patient succeeded in making the analyst both the consenting witness and the object of a new manner of exchange which she had hitherto never experienced: her whole attitude became positive, beneficent, and ceased to be brusquely aggressive and destructive (coupled with extreme anxiety due to the guilt feelings created) as it had for so long been. At this point the remainder of the depressive state disappeared. For the first time in her life the young woman could recognize herself in herself, without having to struggle against the need either to resemble her mother or to flee in the opposite direction. She was freely and fully herself, indulging in the manifold activities that interested her, or simply amused her, something she had never done before.

However, in spite of all technical precautions, the sudden liberation of an image cathected with so much aggression, and hence guilt-laden, was more than this patient's ego was capable of accepting. And little by little we perceived that a state of sub-maniacal excitation was setting in. What had been at first an acceptance of liberation became now an almost unendurable triumph. The mother image was not so much abandoned as trampled under foot. It was highly unfortunate that during this period the patient was unable to see her analyst for several months, which she felt not only as a just punishment, but as an abandonment.

A relapse followed: this 'abandonment' was too similar to the one she had suffered in the past, and it immediately reanimated within her that object of hatred and destruction which was her mother. In fact, the main symptoms of the state of depression which we have already described—ideas of suicide and a delirium of self-accusation—were not only a painful attempt at shedding guilt, but also a means of continuing her aggression against the hateful mother-image with which she identified. Suicide was, above all, a way of killing the bad mother in herself. To accuse herself, as she did, was yet another way of reproaching her mother indirectly for all she had never dared to reproach her with directly; with being a bad mother, a bad wife, a bad house-keeper, incapable of doing anything of value in life, and so on. But by striking at her abhorred mother, she gave her new life. These painful self-accusations were partly a means of shedding guilt, but were also an unconscious attempt to invalidate the aggressive content of the suicide idea: the fact that she was maltreating her mother meant that she had not suppressed her. But by interposing another person, herself, she could allow herself to beat her mother as violently as she wished.

We may no doubt state that this unconscious satisfaction is one of the determining reasons in a depressive crisis.

The principal purpose of this case history has been to show with what infallible certainty the need for love is replaced by the need to hate and, above all,

how this hatred strikes blindly at the subject himself, when the latter is unconsciously but totally confused with the object.

Mechanisms Instituting a Depression

In the first place, with regard to the mechanisms instituting a depression, these are always:

- a modification of the instinctual drives and defensive system;
- a change in the relationship of subject to object and to its image.

The loss of love is the fundamentally depressive situation, whether the subject is no longer, or feels that he is no longer loved, or *equally*, whether he himself can no longer love or feel loving.

And the breaking of a close and mutual bond of love is at the base of every state of depression. Ever since the connexion between mourning and depression was firmly established by Abraham and Freud, it has been a classic concept in psycho-analysis.

We should point out, as so many authors have done since Freud, that the *experience of loss of the object covers, in depressive personalities, a far wider range than the simple experience of loss by death or disappearance.* The removal of the object may be inwardly experienced as its loss; and we know that the idea of removal or of distance must be understood here both in its true or geographical sense, and in its figurative or affective sense.³ Thus, for some depressive types if an object is removed beyond a certain distance it is felt to be lost; this distance varies from one subject to another, but it is certain that it is particularly short in those predisposed to depression.

This leads us to discuss the particular nature of the affective bond which, when broken, leads to the depressive state.

This bond was experienced as part of the primary relationship to the mother; the Oedipus situation is, in the depressed, completely overrun by the pre-oedipal conflict, as has been shown in the case history cited. The depressive personality requires this bond to be both very close and exclusively loving; for he is a subject who feels constantly threatened by the massive irruption of his own aggression. This fear of the imaginary omnipotence of his aggression reaches its highest

pitch when the depressive subject loses an object whose death he had unconsciously desired: it is, in fact, a particularly depressing situation. In such a case the subject, incidentally, suffers less from the real loss of the object than from the failure to conserve it.⁴

We can now perceive that in depressive cases object relationships have an essentially narcissistic function. We shall find that the depressive subject does not love the object for itself and for what it is: he *needs* it in order to maintain his instinctual equilibrium as best he can; and with this in mind, he usually requires the object to be good, infallible, and unassailable. Thus it is immaterial to the patient who needs to feel a sense of participation in the object, if this object, be it a person or, as Pasche (48) has shown, a collective ideal, or a social or spiritual entity, disappears or fails him. For him the result is the same: he feels cut off from what he considered the best part of himself and delivered helplessly into the power of his unleashed aggression.⁵

Thus depression appears to be determined, on the instinctual level, by a loss of unity and the depreciation of the love drives.

This will also no doubt help us to a better understanding of the depressive role of certain *organic impairments*, in the course of which the capacity to love is weakened by a bio-instinctual mechanism; such is the case in involutionary and senile depressions in which there is the additional factor of separation from the loved objects. It is equally evident that the modification of the gonadic hormones, which is often one institutive mechanism in feminine depressions, influences the instinctual drives, and if they are not solidly integrated, may cause a dangerous loss of balance.

Thus the fragile instinctual and defensive equilibrium that the subject endeavours to set up between his need for love and for hate may be broken, not so much by the activation of his aggressive drives as by the defeat and immobilization of his love drives. Although in psycho-analysis we more often find ourselves talking of frustration of the love that one expects than of the love that one *gives*, it always causes suffering not to be able, or no longer to be able to love, and for some the suffering is intolerable. The

³ Cf. Bouvet's studies of the concept of distance, also the work of Marty and Fain, on the zone of security in pulmonary tuberculosis patients.

⁴ An analogous though entirely internal situation occurs when a subject, either through his own spontaneous evolution or in analysis, reaches the point of 'deposing'

his object from the throne to which he had raised it. It is as if he had destroyed with his own hands an idol which he cannot yet dispense with.

⁵ Thus certain Frenchmen committed suicide in 1940 after the military collapse of France.

libido is unemployed, either because the object does not exist, or has disappeared, or is no longer considered worthy, or because one's love for it proves impotent or is not recognized. The subject has then reason to be fearful, feeling that there is nothing left in his heart but hatred. Since he no longer feels loving, or as loving as before, or as effectively as before, he can no longer feel that he is good: the defeat or unemployment of his libidinal drives gives a relative preponderance to his aggressive capacities, which are further increased by the deep grudge he bears against his object, or against all humanity, because it no longer allows or encourages his love: depression then appears to present the last desperate hope of preserving the love drives and of being able to love again.

This certainly does not exhaust the range of factors and situations inducing a depression, and we shall quote others later. But we can already say that these modifications always occur within a very intricate network of drives and relationships, and any classification which enables us to distinguish them must be an artificial one. It is this dual aspect which makes it possible to understand some apparently paradoxical instinctive mechanisms, as in the case of depressions which appear after a success or an important adult achievement. We shall see that masochism is an obviously important factor in such cases, but it is not the only one. As E. Jacobson (28a) has pointed out, success, which makes the subject autonomous, means for him the breaking of a link with a sustaining object, which he had found indispensable. As we have already noted, depression may supervene the moment the subject is obliged to adopt a definite attitude towards his essential object, which, in the last resort, is always the mother or mother substitute: typical cases are marriage, getting a job, maternity, etc. In such cases the problem is usually solved by identification. But normal identification is impossible for the depressive type, if only because it implies separation. So the subject has recourse to pathological and pathogenic mechanisms of identification. This was clearly the case with the patient mentioned above, who went into a depression the moment she could no longer evade the problem of identification with her mother.

Love, Hatred and Depression

Depression is therefore induced as follows: by

the removal of an object which the depressive subject wished to clasp to his heart (and even more to keep stuck to himself)—and by the more or less pronounced defusion of the libidinal and the aggressive impulses, the latter prevailing more or less over the former.

Instead of a real *fusion* of the opposing attitudes towards the person and the image of the object, the depressed subject adopts a compromise between love and hate, and endeavours to deflect his aggression from the object he wishes to protect. Similarly, being unable to effect a true identification, he proceeds to an aggressive and more or less massive *introjection* of the object, whose punitive omnipotence is then credited to the superego, an unshaded, undeviating superego.

On the instinctual plane, the depression is formed by the transformation of a relationship of close and mutual love into a no less close but aggressive relationship, of which the subject makes himself the victim by turning the aggression against himself. The depressive person cannot cease loving and being loved without feeling aggressive, guilty, and endangered. He tries to remain closely attached to his object, and to attach it to himself, by his moral suffering. He tries to redeem himself by his suffering and conscious guilt.

Here it might be stressed that the external display of conscious, sometimes delirious feelings of guilt, which play such an important part in the history of depressive states and particularly of melancholia, have the function of *alleviating unconscious guilt feelings*: remorse appeases the sense of guilt.

In depression, love and aggression, no longer fused, achieve a regressive compromise by means of moral suffering. The subject turns his aggression against himself in order to spare the object, of which the good image must be preserved. The depressed person is called upon to suffer in an attempt to regain the object's love by inviting its pity. By moral suffering the link with the object introjected into the superego is maintained at all costs.⁶

Almost all analysts are agreed on the stifling part played by the superego in the depressive state. The major part of the aggression liberated at the inception of the depression is delegated to the superego. We all know this role of the superego too well for any further observation to be necessary.⁶

⁶ However, we should mention the contributions of Freud, Abraham, Rado, and M. Klein; they have recently been discussed in a bibliographical review by Rosenfeld.

There is, however, one aspect of object relations in depression that should be appreciated, and that is the strength of the superego in such patients. In analysis we perceive that they *wish* the punitive and frustrating object, interiorized as the superego, to be *omnipotent*. They cling to this omnipotence as a pledge of its tutelary protection. Originally, of course, they wanted a good, omnipotent object which would protect them from everything, including themselves, and in depression the interiorized object becomes, on the contrary, completely aggressive, though it still remains omnipotent. This helps us to understand the origin of the *feelings of impotence* which play such a part in the history of depressions. Bibring considers them to be primary and fundamental. We consider them to relate in the first place to the object, and thus, when expressed in the transference, they are always a means of indirectly reproaching the analyst for his impotence, one of the most serious reproaches a depressed person can express.

To illustrate these remarks we quote a significant moment in the long analysis of a depressive woman, whose childhood had been characterized by a painful and uninterrupted series of frustrating situations: her father unknown, her unmarried mother dying early, despised by the mother substitutes who were not affectionate. The child lived for a long time with a very authoritarian woman guardian, always ready to punish her coldly and to reject her, yet not allowing the child to take any interest in anything else whatsoever: the husband, completely dominated by his wife, was a negligible factor.

At the moment we are speaking of, the patient was often concerned about the rules of analysis, of which she had heard, and which she conceived to be systematically frustrating. She would complain of them, and feel incapable of getting better. Of course she was in this way disclaiming her own aggression towards the analyst, as he was shown. But what was striking was that she conceived the rules of analysis to be something absolute and intangible, and trembled at the idea that the analyst himself might infringe them: this seemed to her both impossible and unacceptable. So it was clear that the former guardian was now represented in analysis by the rules of analysis, which were felt to be both intangible and frustrating. In this way the patient embarked on the Oedipus situation. She then recognized that she had

clung to the guardian's hardness, which was, in spite of everything, some pledge of security.

And if we remember that the guardian had been, above all, the only person who had kept her in her childhood, we understand with what strength and what anxiety she wished to preserve her introjected image.

It is clear that the depressed person requires something which he expects from the external world so long as his depression is not psychotic. It is no less clear that he asks for nothing directly, but only through the medium of his depression: his symptoms become the spokesmen for his libidinal and aggressive tendencies. All the appeals for help, for love, the beguiling displays of contrition, are too well known to need further mention. Guilt is utilized as means of expiation, the suffering undergone is yet another form of appeal, submissive or angry: 'See how I am suffering, and how I repent. So love me again.' Such is the appeal the depressed person addresses to his object.

But this appeal for love usually fails because the libidinal desires, somehow 'infected' by aggression which is bound up with them, are guilt-laden, and because the patient not only refuses to accept them (and becomes incapable of allowing himself sleep or food or sexual pleasure or any other satisfaction), but even induces his object or objects to frustrate him in reality, as the Washington School has shown (9). Thus his aggression becomes in a sense justified.

We must, incidentally, revert to this aggression to show how, in spite of all the trouble he takes to spare his object, the depressed type still finds means of being aggressive.

We wish to insist on the important and little realized fact that the depressed person—except no doubt the stuporous melancholic—is always *truly aggressive* towards others through the very medium of the manifestations of his depression.⁷ His suffering is an accusation. His sense of incurableness is a reproach.⁸ His demands are perhaps humble, but devastating. His dependence is tyrannical. He wallows in suffering whilst trying to enmesh his object in it as well. He makes himself a slave to the object, whilst trying to enslave it. He clings to it in a hand-to-

⁷ A depressed patient once replied to one of the authors, who was interpreting the aggression expressed by some of his reactions: 'What's the use of having an attack of melancholia if one can't infuriate everybody?' (39, p. 73). This perfect remark reminds one of the words of one of Nestroy's characters: 'I couldn't enjoy my

melancholy if I didn't find it useful for annoying other people' (14).

⁸ The remark 'I shall not get better' always covers the allegation 'You are neither good enough nor strong enough to cure me.'

hand struggle in which one can no longer distinguish between love and hatred. It is the close collusion of the two which establishes that compromise between instinctual needs and their defensive system which constitutes the depressive state.

The Depressed Subject and the Object

Having studied the vicissitudes of the drives in depression, we should now define the structure of object relationships which develops. The two elements are naturally interdependent, as is shown above all by the introjection of the object. We can make the point clearer by locating depression as one of the clinical manifestations of aggression, which one author (39) has already studied.

We shall mention two further situations conducive to depression, which we have not already described, in order to clarify the point. Firstly, it sometimes happens that *depression sets in at the moment a masochistic relationship or situation has ended or been broken off* (48). It seems as if the subject, being no longer able to suffer at the hands of another, has to suffer at his own, which he achieves by interiorizing the sadistic object. This transformation prevents the subject from being at a loss for the suffering necessary to his defensive equilibrium; and it wards off the rupture of an objectal link which, even if based on suffering, was felt as a close and necessary bond of love.

In view of this substitution of moral or even erogenous masochism by the depressive crisis, we could liken depression to an *acute crisis of moral masochism*. Some neurotic depressive manifestations certainly display the masochism which one author has studied at length (38a) and this was also the case in the history already quoted. But in masochism object and subject are experienced and postulated as existing independently of each other. This is not the case in depression, and certainly not in melancholia, where the channels of aggression have been 'short-circuited' and where the reversal of aggression is not even necessary, since the object attacked has been unconsciously introjected by the patient. If the latter destroys himself it is as if he were destroying the incorporated object. Thus depression is akin to masochism, yet different from it.

But in other cases we find a depressive state setting in after the disappearance of a psychosomatic ailment, such as asthma.

We might therefore relate depression to a psychosomatic crisis, since psychosomatic manifestations are both numerous and important in depressive states. But we must not forget that in psychosomatic affections, the aggressive drives tend to 'short-circuit' directly on to the organism and to attack the subject's body, in accordance with defence mechanisms which are ontogenetically anterior to the constitution of an integrated ego, as the French psychosomatic school has clearly shown (48, 35). On the other hand, the concept of *primary organic masochism*, elaborated by Nacht, may serve to explain certain aspects of the depressive predisposition which are so deeply rooted in the organism as to suggest the concept of a simple organogenesis.*

If we consider the clinical manifestation of aggression according to the degree of organization of the defence mechanisms protecting the ego and object relations, we find that depression is located between psychosomatic aggression and moral masochism.

Depression is akin to *moral masochism* in that it includes a defensive exchange of aggressive behaviour, but is distinct from it, in that the relationship is less evolved, the separation of subject and object less complete; it is also distinguishable from *schizophrenic psychosis* by the fact that the regression does not lead to complete confusion between object and subject, although it may be a preliminary to this: finally it is distinct from *psychosomatic disorders* since the libidinal and aggressive drives are still involved, although incompletely, in object relationships, as is shown by the existence of somatic disorders in many depressive states.

* * *

What is specific to the dynamic of depressive states is the mechanism of depressive identification with the object. It is no longer precisely an *introjection*, and we cannot be too careful in distinguishing (as E. Jacobson has shown) between normal interiorization and identification, of which the depressed person is incapable, and which are applied to an essentially differentiated object, and introjection, a pathological mechanism, which devotes its aggressive and

* We shall return later to this concept of primary organic masochism.

devouring strength to a partial and concrete aspect of a poorly differentiated object.¹⁰

In the dynamic of aggression in a neurotic depression an important role is played by the mechanism of *aggressive introjection* of the frustrating object, originally maternal, and both loved and hated, to which the patient is bound by an obviously oral fixation. This aggression is directed simultaneously and almost without distinction towards the external world and towards the subject himself, before it is directed towards the subject alone, who is now, by the effect of incorporation, representationally confused with the object.

This is clearly shown both in the case reported and in the following example:

Nacht has already reported (39) the case of a manic-depressive patient whose childhood had been dominated by a hard, aggressive, rejecting, despotic, and castrating mother, and by the affective non-existence of a father who was morally castrated and effaced by the mother. In childhood the patient, although terrorized by his mother, knew how to exasperate her to the extent of threatening to commit suicide; it was only then that the child would throw himself into her arms, begging her not to do so. It was a trick he would play on himself later by identifying both with the aggressive child he had been, and the aggressive, frustrating mother he had had. In his crises of depression he would in fact drive himself to the verge of suicide as he had done with his mother: he would overwhelm himself with reproaches in the same terms his mother had used. Finally, in his depressive phase, he was particularly unpleasant both to his wife, whom he exhausted with his demands, and to his employees, whom he began to treat with the utmost harshness.

This very characteristic introjection is in keeping with the special relationships of the depressive type to the subject. Of these the most important is the close coupling, but not fusion, of the representation of subject and object. The depressed patient is someone who cannot denigrate his object without immediately feeling bad and denigrated himself. It is as if the image he formed of himself were only a print of his

image of the object.¹¹ This is an essential characteristic of the ego and of object relations in the depressed subject, as has been progressively clarified by psycho-analytic studies from Freud and Abraham to M. Klein and E. Jacobson.

The disentanglement of object and subject representations is not complete in the depressive, and certainly not maintained in the depressed type: it is true that the depressed type is dealing or *trying* to deal with a *complete object*, but he retains and seems to wish to retain a common patrimony and *kinship* with the object; in so far as personal values are concerned, he makes common cause with his object: the representation of self and object are incompletely separated (E. Jacobson).

This close entanglement is not the paradisaical fusion which Nacht recently described as manifesting itself as a need in transference. Such an intimate fusion may be experienced ecstatically when it is experienced and consented to by the ego, or even endured in terror as a form of annihilation, as with the schizophrenic.¹² But the depressed do not swim in such deep waters.

This leads us to the study of object relations as we find them in the depressed type, particularly in so far as they affect transference. Here we shall owe much to the studies of Freud and Abraham, Rado, M. Klein and her school, the Washington group, Lebovici, and E. Jacobson.

Object Relations in Depressive Subjects

Clinical experience forces us to the dynamic concept of a *depressive disposition* which we must consider first, independently of any etiological consideration. The more marked this disposition, the more it restricts the subject's potential variation and adaptation to the situations and circumstances of his life, and the more it reduces his ability to react except by depression. Although it is true that this depressive disposition is shown in its purest form in manic-depressives, it is not exclusive to them. Our own clinical observations have shown, allowing for variations of intensity and degree, that *all* truly depressive

¹⁰ An interesting contribution to the understanding of these important distinctions is to be found in the experimental research conducted by Engel and Reichsman (11a) into the case of *Monica*, the child with a gastric fistula. They consider that incorporation, introjection, and identification are all processes of assimilating external objects, but taking place at different levels of relational organization. *Incorporation* occurs during the phase of so-called primary narcissism, in which there is no distinction between subject and object, *introjection* during the construction of representations of the self and the object, and *identification* when the subject-object distinc-

tion is solidly established: identification is a purely intra-psychic process, unlike introjection. These fundamental concepts will be discussed later when we review the ontogenetic basis of depressive experience. We shall see that the depressed person never gets beyond the level of introjection.

¹¹ As we shall explain later, depression corresponds to a regression or fixation at an early phase in which the subject is topographically but not as yet economically distinguished from the object.

¹² As we have shown in our study of delirium (46).

subjects display that special organization of the personality that many authors have described as 'manic-depressive' (for instance, to take them in chronological order, the invaluable studies of Gero (21b), M. Klein, E. Jacobson (28a), the Chestnut Lodge group (9), and Lebovici (32). These authors agree amongst themselves and with clinical observation on all points which seem to us of importance.)

The salient strength—or weakness—of the depressive disposition makes itself known through object relationships even in the personality of the patient, of which the following appear to be the principal traits:

The first, well-known characteristic of the depressive patient that comes to mind is his *hypersensitivity to frustration*. But this is not a simple trait, and can be broken down as follows:

The depressive personality has a tendency to experience any disappointment as frustration. Every disappointment is experienced as a loss. We shall see later that this tendency itself can also be explained; and we should add that it is to be found in almost all subjects of psychotic character or with psychotic symptoms, and can be related to the levelling, the lack of perspective and differentiation which they show in the degrees of instinctual evolution which should normally be phased: in fact, in the psychotic structure the oedipal positions are apprehended and experienced in the same defensive and adaptive way as the oral positions.¹³

To this can be added the fact that the *depressive reaction to frustration and unpleasure is abnormal*.

This becomes apparent from the very important distinction established by Freud between mourning and melancholia: the melancholic depressive is incapable of 'digesting' the loss of the object. Federn returned to this incapacity in his study of the psychology of the ego (13). He distinguished judiciously between 'suffering from a pain' which permits a *metabolism* of moral suffering in the ego, which receives it into its own domain, digests the pain, and finally dissolves it; and the fact of 'feeling a pain'. Here the suffering is not accepted into the ego, it is held at arm's length, never ceasing to harass the ego from without, and can neither be absorbed nor modified: this is the case with the depressive subject who 'pays tribute to unpleasure by depression'.

We have mentioned how the depressive subject defends himself against frustration and loss. We must now point out how he succeeds both in avoiding frustration and in encountering it.

The depressive person has few objects, which are, incidentally, only the simultaneous or successive duplicates of the same original object, the mother. He may, in fact, have one sole object, his unique source of help. This exclusive polarization is clearly evident in transference: the depressive patient in analysis has no exchange, and seeks none, except with his analyst.

Exchange, however, is an unsatisfactory term: he does not exchange, he receives, or tries to receive.

We have avoided the use of the customary word 'dependence' which has become so hackneyed as to be devoid of meaning. We should, however, stress that the depressive subject feels himself to be, and places himself, at the mercy of his object. He is at its mercy, and shows it, hoping thus to attach the object to himself, attract its benevolence, and make it aware of its responsibilities. His desires have the property of being insatiable: except for relatively brief periods they can never be allayed. The truly depressive type is one who doubles his stake at every throw, hoping to gain everything but sure, in his own heart, that he will finally lose all. He experiences a bitter triumph in observing and proving that the object does not give him all that he expects. If it is not *all* it is *nothing*: he always seems to be playing his trumps. His demands on the object, usually indirect, and expressed obliquely by a display of disappointed hunger, are both exorbitant and concrete. *Exorbitant*, since they exceed the limits of the possible, and are thus doomed to unsatisfaction, and *concrete*, always renewed, since nothing seems able to convince him decisively that he is loved. Therefore he *clings* very closely to the object and displays to an unusual degree that *inability to be alone*, recently described by Winnicott in his very able study (66) of its genesis and clinical background. The depressive subject in fact has interiorized neither the presence nor the image of a loving object: thus he cannot dispense with the real presence and the actual gifts of an object which no longer exists when it is not there, and which does not love him if this love cannot be proved.¹⁴

¹³ It was by pursuing this aspect of lack of perspective that, in our view, M. Klein was able to describe an oedipal complex in a suckling.

¹⁴ One patient, a drug addict with serious suicidal tendencies, said: 'I must be given everything I ask for, and *even more*'.

We come now to the *image of the object erected by the depressive type*. This appears to have two main characteristics, in which we agree with the findings both of M. Klein and the Chestnut Lodge group (9). To the depressive subject the object is either entirely good or entirely bad. So long as he cannot tolerate the idea that one and the same object may afford *both* satisfaction and disappointment, he will be depressive: he protects himself against his own ambivalence by splitting his object representation into the image of the perfect, idealized object, which has nothing to do with the complementary representation of the bad object. Thus he inhabits a Manichaeian world. The real object is measured against a gratifying ideal of perfection to which it must either conform or be immediately rejected as bad: this apparently flattering idealization is basically aggressive.

For the rest—a point well made by Cohen and his colleagues—the *depressive subject is profoundly and obstinately blind to the true personality of the object*. The object has neither existence, nor reality, nor autonomous desires. Neither the individuality nor the essential originality of this object count: they remain totally *anonymous*. He never even conceives himself to be an *irreplaceable* being. His criterion of relationship is never, or hardly ever, *qualitative*, but predominantly *quantitative*. We might assume some conceptual deficiency on his part, if we did not observe, as the above-mentioned authors have done, that he is *afraid* of apprehending the living reality of the object, separated from him by its otherness. It is therefore clear that there is a particularly tenacious quality of repetitive stereotyping in the transference of such patients.

In many cases there is no stable representation of the object. We have observed that in many patients of depressive tendencies there is a total inability to fix and retain an object image. This is of primary importance, and explains not only why the depressive subject is completely alone when he is alone, but also why he feels every disappointment as loss and frustration: the fact is that the depressive type is basically still in the infantile state where the presence of the loving object is not yet interiorized.

An Attempt at a Dynamic Classification of Different Depressive States

Having studied depression in general terms, we should now attempt a psycho-analytic study of the clinical varieties of states of depression.

These varieties depend on variations in the two fundamental and associated aspects of depression, instinctual and relational.

(a) The first variation may occur in the *degree of disintegration of the love relationship*. This variation modifies the force of the representation of the good and bad object respectively, and thus, by the almost immediate sympathetic reaction we have already described, the good or bad image of the self. Obviously the more violent the switch from love to hate, the more profound and serious the depression. This instinctual variable brings us back to the Freudian concept of a fluctuation in the 'value' relationship between the libidinal and aggressive drives. We should also remember that when the depression sets in the first disruption of instinctual equilibrium may be due either to the activation of aggressive drives or to the disactivation of the love drives, and the positive desire to love. Naturally one does not hate without being deprived of love; one is seldom deprived of the power to love without beginning to hate. However, there is a considerable difference between the depressed persons who feel a particular sense of inner emptiness and painful vacuity—these are the persons whose active love drives have been decathected—and the depressed who are dominated by their guilt feelings, these being the subjects who are struggling against a hatred nourished by the disappointment of their need to be given love.

(b) On the other hand the depressive states can be differentiated according to the *degree of interiorization of object relations and of introjection of the object*. It is clear that the desires cathected on the introjected object are withdrawn from objects and from the external world. The love-hate relationship is developed on the intra-psychic level. This introjection may, of course, vary in extent. The degree of introjection of the object relationship may be such as to justify the description of *psychotic* depression.

Thus in the melancholic state the ill-treatment of the object by the depressed subject takes place on a purely or almost purely intra-psychic level. As Freud pointed out (and also Renard (57)) pure melancholy is the only psychosis which is truly 'narcissistic'. It is because, in melancholy, there is no possibility of external discharge, either organically or in fantasy, that the psychosis has its well-known tragic and devastating quality. Everything happens in a sealed chamber.

The more the object relationship is interiorized, the more the depressive state is fixed and rigid

and tends to elude psycho-analytic or psycho-therapeutic influence; as a result of introjection there are important changes in the ego's functions and its activities in organizing the outer world. Everything in the psychic apparatus of the melancholic is rigid, as if 'frozen', to use Federn's apt expression; the ego is 'caught' in a suffering which is rooted in time.¹⁵

But even in melancholia this massive introjection and complete freezing of the ego is only achieved in the stuporous state, which is fairly rare.

In so far as the object relationship is still open, and a valid exchange with the outer world is still possible, as is the case in the so-called 'reactional' depression, and as is also the case, although to a lesser degree, in some depressed patients at the psychotic level, the evolution of the depression, its depth and intensity, is influenced by relational situations, and particularly by the attitude to the object. As a result the patient remains capable of entering into the relationship implied by the analytic situation. This is true of what are called neurotic or simple depressions.

By taking the structure of object relationship as the criterion for the classification of depressive states—and it seems to be the most useful criterion—we come once more to the distinction established ever since Freud between depressions of psychotic structure, of which melancholia is the most perfect example, and depression of neurotic structure.

But we should like to introduce a third, intermediary structure, marginally pathological, between these two major categories, and that is, *para-psychotic depressions*. They can be observed in subjects who fluctuate between neurosis and psychosis, passing easily from one to the other, owing to the very labile nature of the organization of their ego functions and their effect on object relationships. The clinical and psycho-analytic study of these para-psychotic depressions deserves greater attention. It brings us close to the domain of schizophrenia.

Here we should indicate how depression can be aggravated and, in particular, how the transition from the neurotic to the psychotic level is effected; we wish to stress the point that this transition is much more frequent than is usually

supposed. First of all the depressed subject who, as we have seen, attacks his object through the depression itself, feels unconsciously guilty of the aggression which succeeds in evading his control: he becomes all the more exacting and all the more depressed: it is a vicious circle which induces him to interiorize all the more strongly the relationship which is the source of conflict. Thus the depression tends to deepen automatically, when it is not deepened by the reaction provoked in the patient's environment. For the environment very often provokes an aggravation of the depression by its own reactions. Every depressed person, as we have seen, invites his object to frustrate him and make him suffer, and is often successful in his attempt. Those associated with the patient unconsciously perceive the aggression and accusation contained in his demands, sufferings, and self-accusations, and react to this ambivalence and muffled aggression with counter-aggression and ambivalence. In such cases isolation of the patient is necessary.

We should also point out that the manifest onset of a hitherto latent depression, or the psychotic deepening of a hitherto neurotic depression, may be provoked by certain therapeutic actions: by accident in the psycho-analysis of a serious, marginal neurotic, or predictably, during or rather towards the end of a continuous narcosis treatment, in the case of 'simple' depression.

Counter-depressive Defences

Nevertheless we frequently observe that the depressed subject protects himself against invasion by depressive affects. He employs secondary defences, which we shall call *counter-depressive defences*, which help to modify and diversify the clinical picture of depression.

Mania is a form of defence which is too vast to be dealt with here.¹⁶ There are, however, other frequent and important variations which must be mentioned: *inhibition*, *obsession*, and *oral affective recuperation*.

Inhibition, immobilization, or slowing down of psychic life, all prominent in the clinical picture of any lasting depression, result from the blocking of affect, or the defensive counter-cathexis of libidinal or aggressive intensions. *Boredom* appears here as a defence against sadness. Freud has taught us that inhibition is a defence against anxiety, and Bibring has ably

¹⁵ This links up with the phenomenological studies of Time as experienced in depression.

¹⁶ We would only refer to the case we have described

and to the work of Freud, M. Klein and B. Lewin, and the study by Racamier (53).

demonstrated that boredom and fatigue derive from the repression of aims pursued by ever active aspirations. This blockage has only to persist and stabilize itself in a more or less chronic form, and we have the picture of that ever-present neurasthenia which first excited the attention of Freud.

This slowing down of psychic life in the depressed is determined by different factors operating at different levels. On the most superficial level we find this defensive struggle against the depressive *affects* we have described. At a deeper level we meet defences against *instincts*, such as the decathexis of libidinal drives, and the struggle against anal aggressive drives, which is shown by constipation, as much mental or verbal as intestinal.¹⁷ At a deeper level still, in melancholia, we find that *structural* modification of the ego functions which, as we have seen, results from massive introjection. At this level of functional degradation of the whole ego structure there is the possibility of delirium, which we have recently studied (46).

Obsession (in the sense of conversion into obsession, as Bouvet has defined it) is more elaborate counter-depressive defence which may be observed at the onset, the end-phase, and even during the course of certain attacks of depression. We have reason to believe that these obsessions are attempts, sometimes successful, sometimes quickly overwhelmed, to confine the mechanism and affects of depression: naturally this halting of the depressive process is possible only in minor cases of depression and in persons who, without being characteristically obsessive, have a well-marked tendency in this direction (as can be understood from Lebovici (32)).

The methods of *oral affective recuperation* to which (as Mallet has shown) most depressed subjects have recourse, are still more important as a weapon against depressive affects and depressing anxiety. These methods are always, as Rado has pointed out, *toxicomaniac* and *addictive*.¹⁸

The restorative and pacifying 'toxin' may be a true toxin, and it is well known that numerous *addictions* derive from a latent, underlying depressive state. The most common of such

toxins are alcoholic beverages, opiates, barbiturates, and finally, the tranquillizers, which are often taken in association with the psychotonic amines; it seems that the present evolution of pathology and chemotherapy is presenting us with a wholesale conversion of depressions into medically-induced addictions. However, the object of this need is not always a true toxin. Whereas the obviously depressed patient can neither sleep nor eat, some depressive subjects try to struggle against the threat of depression by an obstinate addiction to food and sleep (cf. Mallet (34)). Others seek the caress of water and sunlight, which are obviously a substitute for maternal caresses.¹⁹

The object of this need for counter-depressive recuperation may, finally, be an object in the psycho-analytic sense, that is to say, a *person*. The para-psychotic depressive subject is particularly liable to this *object addiction*, which displays all the qualities of addiction, and particularly its masochistic aspect: the object, sought with tyrannical and exclusive avidity (tyrannical both for subject and object) is both gratifying and dangerous: this dual quality is fundamental to the depressive need. If the 'ration' of object is lacking the patient is plunged into a depressive anxiety which may be suicidal.

It is clear, in fact, that this counter-depressive recuperative activity always turns against the patient, unless psychotherapeutic circumstances are favourable: whether the object be human or toxic, the incorporated good/bad milk substitute becomes sooner or later truly aggressive. On the other hand the furious desire which throws the depressed person upon the recuperating object itself unconsciously includes an aggressive element which ultimately casts the patient still deeper into the pit of depression.

Notes on Suicide

There is one case in which counter-depressive defences are completely lacking, and that is *suicide* which epitomizes, in its most acute form, the dynamic of the depressive state.²⁰

Without claiming to treat the whole problem, we would like to show how the destructive drives and love drives are linked in the act of suicide,

¹⁷ This phenomenon was evident in the case we have reported: when the patient's mental slowness and retention were interpreted in anal terms, her speech recovered its normal flow.

¹⁸ By *toxicomaniac* we mean that the recuperative needs of the patient, even if not actually directed towards toxins, have all the qualities of *necessity* common to drug addicts: there is an uncontrollable need, requiring immediate satisfaction; this usually follows a precise, invariable, and

specific pattern, which can alone prevent a relapse into intense anxiety. Having received his ration, the depressed subject is pacified and feels relieved until, sooner or later, the need reappears: the oral nature of this state is obvious.

¹⁹ On the subject of the sun and the mother, see Moloney (38).

²⁰ Suicide has already been the subject of psycho-analytic studies, particularly Menninger (37), Zilboorg (68), Garma (21a), Hendrick (26), Courchet (1955).

and under what conditions the transition from fantasy to action may occur.

It is well known that 'no one kills himself without having proposed to kill the other'²¹ and that suicide is an act of inverted aggression. The fact that this inversion is not always total, even in suicide, is shown by cases of collective suicide. In collective suicide there is a condition which is not abnormal in melancholia, that is to say, primitive identification to the extent of a confusion of images with the unwilling victims of the suicide. The case of collective suicide recalls the case of double suicide, the lovers' suicide, and therefore the frequently neglected role of *love in suicide*.

Naturally the threat of suicide is the most tyrannical of the many ways by which the depressed subject demands love. But the bond between love and death may be established at a much deeper and more dangerous level. Such a suicide then represents the final means of attaining absolute love, that union, that total, undifferentiated confusion with the object, which one author has already described at this Congress (47a). Let us see how death may be a means of realizing this form of love.

Analytic experience shows that sexual pleasure, cathected with aggression, sometimes develops, amidst its myriad fantasies, that of death. Is it not often said of coitus that it is 'a little death'? Instinctual economy provides one of the reasons for this unconscious association: genital or sucking satisfactions, the true orgasm or the alimentary orgasm, to use Rado's words, pacify and dispel libidinal tension. Lewin has shown (33) that the experience of satiety in sucking approaches very closely to that of annihilation. (Incidentally it is because death allays all intrapsychic tensions that it is desired by those who are trying to escape an intolerable anguish, as happens with schizophrenics in particular: death is then the supreme remedy for all the anxiety caused by the fear of, and the wish for, death).

We should also remark that, if pleasure may produce a thousand forms of fantasy, death is, properly speaking, *inconceivable* as such.²²

Those who dream of killing themselves and those who actually do kill themselves, conceive

death as a return to a complete unshadowed love, without barriers or limitations, with the ideal mother, an object lost or darkened by aggression, but rediscovered and made 'good' by suicide: they kill themselves in order to love and be loved. Thus death appears to some as a positive aim, the fulfilment of their lives, the last door to open in order to attain the love of the object. Jensen and Petty (28b) have recently pointed out that the person who commits suicide believes that the object will come to his rescue and save him with love. Thus when the fantasy of blessed reunion with the object is no longer experienced as fantasy but as the only true reality, the reality even of death having lost all weight, and no longer cathected or considered by the ego, then we have one of the conditions permitting a transition to suicide.

The condition is, strictly speaking, *delirious*, even if the delirium is not particularly apparent in the suicide project. Under the sway of a denial of reality and of megalomaniac omnipotence, the suicide forces the hand of the object. But in the case of actual, not threatened suicide, this object has only an interiorized existence. The condition is psychotic; the danger of death exists when the aggressive discharge and the unconscious appeal for help are addressed to an object which is no longer exteriorized, and are made by an ego now unaware of the limits of its power and its extent.²³

So long, however, as some relationship with an exterior object persists, there seems little danger of actual suicide. So long as this relationship persists, language, with its multiple forms, continues to be a valid means of exchange and expression, a conductor and an organizer of the drives; this is no longer the case when the object is completely interiorized.

As E. Jacobson (28a) has shown, at the moment of his act the suicidal patient recovers his power and achieves a final though fatal victory. Divided, tortured, and paralysed by his ambivalence, the depressed subject who kills himself is seeking and believes he has found, in suicide, the unification of his ego, unification with the object and the unification of his divided drives. Since, for the depressed, it constitutes the

²¹ Fenichel (1945).

²² This is incidentally one of the difficulties in the theory of a death instinct. None of the fantasies described by M. Klein as expressing this death instinct are devoid of libidinal elements.

²³ This disintegration of object relations which charac-

terizes the psychoses occurs in an almost physiological way in certain primitive peoples where the individual is scarcely differentiated from his tribe, and in ritual ceremonies easily achieves a state of total fusion with the group: it is precisely in such circumstances that self-destructive and even suicidal acts are committed (64).

sole means of uniting and fusing libido and aggression, which he has been unable to work out on the anvil of object relationships, suicide may be the final phase of a depression which was initiated by instinctual defusion.

Ontogenesis

It is easy to see the technical and therapeutic consequences of the preceding remarks. In addition to the normal rules of analytic procedure, particularly that of the *exclusion of the counter-transference*, the details we have mentioned, without being able to develop them further here, require from the analyst a quality of *presence* on which we have for long insisted (cf. Nacht (42, 43). But space forbids the detailed exposition of these therapeutic aspects (dealt with by Racamier (52, 54)).

We must also devote only brief attention to the *ontogenetic stages* which are suggested by our knowledge of the ego functions and object relations in both depressed and depressive persons.²⁴

Briefly, we are essentially in agreement with the findings of the Kleinian school in considering that *depression occurs at that stage in the evolution of subject-object differentiation or objectivization at which the subject is topographically but not yet economically distinguished from the object*. Now it is precisely at the moment when the subject is distinguished from the object that the fusion of opposing drives takes place. Thus the analytic study of depression is related to the analytic study of early infantile evolution. We should, however, indicate our disagreement with several theoretical and conceptual elaborations of the Kleinian school. We find it essential to affirm or reaffirm the following points:—

It is not possible to speak of *ego* or *object* in the true sense of the words, in the case of a suckling of 6 months. At this period the infant does of course undergo certain vital experiences; he even displays adaptive mechanisms which foreshadow future ego-defence mechanisms, but the whole of his psychic and instinctual life is uncoordinated and unclarified, as the Paris school, including Lebovici, Diatkine, and Ajuriaguerra, has shown. The fantasies that will appear later in life are the working over of these original and elementary experiences (31).

Further, though still incapable of perceiving the object as such, the infant at the pre-object

stage is extremely sensitive to the external world, as Spitz has demonstrated. Now the reality of the influence of the external world appears little or not at all in the concepts of the Kleinian school, which seem to let the infant derive his experience solely from his own drives (as Pasche and Renard have shown (49)).

It is owing to this lack of perspective that the aggressive drives figure excessively in Kleinian theory, at the expense of the libido, which is thereby completely devalued and is not far from being reduced to the status of a defence mechanism. This devaluation of the power of the libido seems to conform neither to the spirit of psycho-analysis nor to observed facts, particularly to those facts observed in depression.

It must be stressed that aggression, determined or activated by frustration, follows a very different course according to the evolutionary structure of the individual who experiences it. We should like to make this point still clearer.

Once the stage of objectivization is reached and passed, aggression is fitted by the ego into relational perspective and organized psychic structure: it may lead to neurotic compromises.

But before this stage of maturation the tensions engendered by frustration can be neither exteriorized nor directed into an organized defensive circuit. Then, as one author has already shown (S. Nacht, (42)), 'the energy which will later appear to the observer as aggression is neither repressed nor inflected, but penetrates and spreads into and impregnates the whole organism.' This establishes the *primitive organic masochism* (S. Nacht (38a, 42)). Surely this primitive organic masochism corresponds to what is described as the death instinct. At any rate, it is a hypothesis, but we do not propose to go into a problem which one author has already resolved along these lines (43).

In an intermediary phase between the two levels of organization we have mentioned, we shall find: a representation of the subject incompletely differentiated from the representation of the object, which facilitates the displacement of cathexis and provides the most favourable conditions through massive incorporation, and allows no place for the phenomena of real identification; and, on the other hand, a representation of the good subject (projection of the experience and of the need of love) completely

²⁴ This has been more fully developed in the French version of this paper, published in 1959 in *Revue française de Psychanalyse*.

separated from the representation of the bad object (projection of the experience of frustration and aggressive tendencies).

From this point onwards we have two fundamental conditions of the depressive state. They are complementary and interdependent: *there can be no fusion of the instinctual tendencies so long as the representation of subject and object remain more or less confused.*

These opinions on the depressive states which we have tried to put forward may perhaps appear simple, and the reader may be tempted to ask whether we may not have been over-schematic

for the sake of simplicity. But we do not think so. We have ourselves been surprised by the often quasi-schematic simplicity of the psychic processes in depression. In fact, if these patients could, and would dilute their drives by directing them into the almost inextricable mazes of obsessional neurosis, they would not be depressed.

But it lies in the very nature of the depressed person to plunge straight into the eternal drama of love and hate, which man has such difficulty in converting into a balanced integration and a fertile, constructive fusion.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

III. DEPRESSION, CONFUSION AND MULTIVALENCE¹

By

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As an introduction to my main thesis, I shall begin with a few historical notes, and continue with a summary of some recent differences of opinion.

The non-analytic literature, chiefly psychiatric, concerning depressive psychopathology, has dealt with concepts of hypo- and hyper-functioning, inhibition, constitutional rhythms, and basic ego patterns, but the question: How can the origin of depression and elation be identified? has never been asked or answered in detail. Psychologists have had amazingly little to say about depression, grief, elation, mourning, etc.

Since 1911, analysts have recurrently dealt with the metapsychology of depression in terms of the status of zonal instincts, ego and super-ego interactions, and ego development, but little has been said about standards of normality with reference either to recovery from depression or mania, or to grief, normal mourning, and normal enthusiasm.

Our literature contains less about the relationship of pathological mourning to more regressed states (namely, to one of the schizophrenic states) and less about the relationship of pathological mourning to more progressive states (namely, to mania and obsessional-compulsive states) than one might expect with such a crucial metapsychological problem which stands midway between the schizophrenias and the neuroses. Each psycho-analytic contribution has, however, added something to the development of the main theory of depression itself, or has offered an alternative hypothesis.

Abraham's first explanation in terms of regression to, and inhibition of, oral aggressive incorporation and anal aggressive expulsion of the lost, loved object, was expanded by Freud's description of:

- (i) identification, by narcissistic regression, of the incorporated dead object with the ego; and
- (ii) criticism of the ego by the ego ideal.

Abraham later dotted the i's and crossed the t's of this formulation at some length. At the same time, mania, rather than mourning, was brought into the discussion, Freud describing the alternation of ego identification with the dead object and ego identification with the ego ideal. Abraham stressed a changed balance between libidinal and aggressive activities in mania.

Rado added the concept of libidinal-aggressive eating to the point of satiation and defecation, as related to:

- (i) An alimentary orgasm; and
- (ii) The sequence grief-recovery, or punishment followed by bliss.

Klein added to these concepts in two ways:

- (i) By discussing what happens when the whole, good, internalized object is endangered by a whole, bad, internalized object, each of them more or less separated from the ego (and when so separated being aspects of the superego) and more or less identified with the ego; and
- (ii) By relating the origins of all this to the stage of infantile development when the ego was first able to integrate a relationship to a whole object.

Scott stressed the emergence of the continuity aspect of the whole object—even though wholeness is continually developing during a whole lifetime. The emergence of continuity as part of the picture when depression first appears was nevertheless considered crucial.

Deutsch and Klein added to the concept of mania, its use in denying unrelieved depression,

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

and Klein discussed in addition the idealization of objects in this state. Klein went further and described reparation as part of new object relationships, both in recovery from depression and during mourning.

Lewin added to the picture of mania the hypothesis of its relationship to sleep and early oral functions, when sleep, eating, and being eaten are seen as a triad in the wakeful dream called mania. He described how this triad contributes to the denial and the idealization seen in mania. Lewin, in his latest very condensed paper, discusses mania as a regression from depression, but, in my opinion, does not distinguish this hypothesis from regression to a megalomaniac, paranoid state, and seems to throw overboard the relationship of mania and pathological mourning, which dates to Abraham's work, and consequently depreciates the value of working with unconscious conflict between manic tendencies and tendencies toward normal mourning.

Parallel to these views, Spitz, Jacobson, Bibring, and Engel presented alternatives, some based on interpretations of the observations of infants. They emphasized crying helplessly rather than crying angrily to exhaustion, and the development of signals of this state, as inhibitory defences against recurrences. The lack of contrast in these hypotheses with hypotheses already proposed to explain the development of paranoia, catatonia, and hebephrenia stand out—for, in my opinion, to consider crying helplessness and hopelessness without contrasting these with crying rage seems to beg the issue of our need to discriminate.

Benedek has tried to unite these seemingly contradictory views by discussing the development of the concepts of a good mother and a good child, and the disorganization of repeated crying fits which allow sudden regressive identification of bad mother and bad child. Benedek has not dealt with the *stages* of regression in crying fits, and so has left unresolved the problems of regressions, which lead to paranoia, catatonia, and hebephrenia. Gibson, Cohen, and Cohen have recently put forward rather contrary views—namely, that early anxieties prevent the young child from integrating his concepts of the good mother and the bad mother into a single person—but they have not confronted the implications of their view with the views of Klein and Benedek.

Confusion and Complexity: Ambivalence and Multivalence

When a child's activities are not leading to satisfaction—that is, when:

- (i) Activity is becoming disorganized or aggressive; or
- (ii) The object representation is not sensory but hallucinatory;

the emergent sequence: waiting, anticipating, pining, and hoping, begins to appear.

Waiting may be called the simplest of these. Waiting may be called the state in which the child is waiting for the hallucination to become material—that is, for a transformation of the hallucination into sensation.

Anticipating may be called the second simplest. Anticipation is related to the tolerance of remembering hallucination with its unsatisfactoriness as an object, and to the coincident memory of sensory satisfaction. Anticipation may be called waiting for the appearance of the sensory satisfaction rather than for the transformation of hallucination into sensory object.

Pining is a further stage in development. Pining is full of concern, and is more than waiting and anticipation. Pining can be called the relationship of the ego to what is within and without, as well as to what is within the object which is being waited for and anticipated. Pining is the wishing for change, not simply for transformation, and not just for the appearance of sensory satisfaction, but also for the object which has within it the wish to satisfy the piner.

A further stage in the development of waiting, anticipating, and pining, is hope. Hope shows a balanced relationship between love of and hate of the waited-for, anticipated, and pined-for object or situation, and a balanced relationship between desire for the desired object or situation and the belief that the object is going to desire to satisfy. In other words, hope takes into account a more complex relationship to the object, including a more complex temporal component. It takes into account the time necessary for the changes to occur which will fulfil the hope. Hope is not impulsive; it has developed out of waiting, anticipating, and pining.

Hope is not just anticipating—not just desiring the appearance of sensory gratification. Hope is not just pining—not just waiting and anticipating, not just concern over the object's

wish to satisfy the pinner. Hope is a positive balance of love of the satisfying hallucination, of the satisfying sensation, of the satisfying object which wishes to satisfy. Hope is the positive balance of love, which can encompass, restitute, and repair effects of hate. This balance may be seen to be a knife-edge balance in analysis for long periods—in fact, many of the complexities to be referred to later arise from the niceties and subtleties encountered, as the balance between hope and hopelessness oscillates.

Ambivalence is a term which has been used for states in which two emotions are present at the same time, in one or other of several ways:

- (i) In different parts of the organism.
- (ii) One emotion is in the ego and the other is in the object, internal or external, when object and ego are confused or not easily discriminated.
- (iii) The state in which there is nearness to fusion of the emotions, just short of sadism or masochism.
- (iv) The state in which there is nearness to an interrelationship of the emotions—nearness to a realization that the ego can rage and love, can satisfy and destroy, and that objects can also rage and love, and satisfy or destroy. The maximal states of love and hate are related to internalized, living, good, whole, continuing objects, or to internalized, dead, bad, whole, continuing objects. The contrast with a continuing whole object is, of course, a split good/bad, a diffusely mutilated, a fragmented, a broken-to-bits, a discontinuous, object.

The term ambivalence, as usually used, does not do justice to the complexity of the emergent state of development of which grief, depression, pining, and hope are parts. I would like to suggest a term to describe the affective aspect of this state. This term is multivalence. It emphasizes the fact that more than two affects are involved.

Narcissistic 'one-ness' is followed by a multifarious range of 'two-nesses', and later by a complexity, by a multitude, of discriminations, of which the affective aspect can be called 'multivalence'. The conflict and interrelationship between love, hate, and emergent grief, the development to a stage when a whole, continuing ego, which loves and hates and consequently grieves, is related to external and internal whole, continuing objects which love and hate and grieve, should, in my opinion, be

called a state of multivalence instead of ambivalence, in order to stress the complexity which, if regressed from, leads to the simpler state of ambivalence.

The multivalent pin-point balances between the possibilities of slow or sudden changes to mild or intense rage, love, or depression, or to threatening, coaxing, or pleading, become increasingly conscious during treatment of severe depressive states.

Engel and his collaborators, in describing the now well-known child Monica, state that as she was in the pre-verbal stage of development when first observed, no manifestations of secondary process were observable. In my opinion, we need not assume, just because we are observing non-verbal affect and affect situations, some of which may be quite complicated, that these are only evidence of primary, rather than of secondary or derivative processes. Engel describes 'affect', evoked by external or internal sources, as always observable except during Monica's sleep. These excellent observations might have been even more excellent had more details of *sequences* of behaviour been described. In the motion pictures which have been shown and which, I understand, will soon be generally available, detailed sequences of behaviour are to be seen for possible manifold and diverse assessment by analysts. The complexity of behaviour, not all of which is primary in my opinion, much of which is symbolic as well as affective, will, I am sure, be apparent to many who have had much experience in child analysis, or in the analysis of severely depressed adults.

From my own work I quote a vignette: Dick, an inactive, non-talking first son of kindly parents, reared in a two-room apartment, when in analysis at 27 months, 25 years ago, fondled a toy which represented his mother, after casually brushing another toy, which also represented his mother, from the table to the floor. Dick put his heel on the toy which he had knocked to the floor and continued to crush it, while he meantime continued to fondle the other toy, at the same time defecating into his pants. His coincident mouth activity varied from what might be called fondling behaviour to crushing, biting behaviour. The mouth, hand, heel, and anus, the object in hand, the object under heel, the object in and about his anus, were all interrelated, and were more or less conscious—the anal activities being perhaps least conscious, the heel activity next conscious,

and the hand and mouth activities most conscious. The multivalent, coincident conflicts were seen in reparative fondling of a handful of mother substitute, in coincident oscillating hate and love in mouth, in aggressive heel activity and in aggressive anal expulsion.²

Engel's description of Monica's slowness, slight fingering of objects, and occasional scratching or tickling of herself during depression-withdrawal, furnishes, as far as that part which can be immediately observed is concerned, exactly the data which we can use in analytic observations and therapy.

Engel describes his interpretation of the infants called by Spitz 'anaclitically depressed' as apathetic and detached, rather than sad and dejected as was Monica. He has applied a type of judgement to older motion pictures which I hope many will apply to his newer pictures. Engel has compared Jacobson's description of the depressive patient's black, empty, hopeless despair with what he calls the paralysis of ego activity, which he considers a repetition of fatigue, helplessness, etc. He describes his attempts to find a basic biological analogue of this state, and describes two basic biological activities—first, activity to seek a steady state, and secondly, a reduction of activity when there is a threatened depletion of energy (similar to spore formation or hibernation) without separating this from explanations of apathy or catatonia. He explains the sudden changes in Monica when a well-recognized person comes, and her withdrawal-depression quickly ceases, by stating: 'energy was not exhausted, but was not used, since a signal mechanism of the ego had been established to deal in this manner with the threat of exhaustion'. He goes on to state that 'this suggests the existence, not only of a pre-object state, but also a pre-oral stage of primary narcissism in which the organism takes no active part in its own alimentation. This is normally the situation of the foetus. While it is hardly justifiable to postulate a true regression to a foetal state, one is certainly impressed with the similarity.' Twenty-five years ago I might have subscribed to this view, but in watching schizophrenics progress to depression, and in watching depressives regress to paranoid and other schizophrenic

states, the complexity of the transitional states is such that, in my opinion, they warrant much more study and the acceptance of the need to theorize about the complexity.

What Engel describes as an anxiety-signal mechanism of the ego—that is, a description in terms of the repetition of part of a primary, exhausting, hopeless activity as a signal—may, in my opinion, be alternatively described as a derivative, emergent mechanism, in which there is what one may call a knife-edge balance between, on the one hand, the possibility of attacking the unsatisfying and disappointing world with rage—the unsatisfactory world which has been made so partly by memories of previous attacks on it (so that it is depreciated)—and, on the other hand, the possibility of making a libidinal attack on the world, idealizing it, as in manic states. The nearness to a manic state is Monica's combination of flirtatiousness and an impersonal attitude to strangers who accompany a person she knows well.

Parallel to the multivalence of affect is the balance between persistence of depression, regression to paranoid states, and progression to a manic state. The most important aspect of this balance, as far as improvement is concerned, is the depressive-manic balance, since by the modulation of manic mechanisms hopeful mourning appears. So often depression is discussed as if mania need not be mentioned—as if we *could* discuss ambivalence without mentioning *both* love and hate. Hopelessness is often not only related to greater hate than love but also to fear of unconscious love, lest it be used to idealize a waking dream, rather than in the service of the toleration of grief and the work of mourning and reparation.

The problem we have always before us is to recognize, in behaviour and in dreams, evidence of the balance between the capacity of the depressed patient either to regress to a paranoid, persecutory, megalomaniac or catatonic state, or to progress to a manic idealization, as alternative types of abnormality to the depression itself, or to begin the work of mourning and reparation as a way to normality. The changes during progress through mourning to recovery are usually slow, but we have hints of how fast they might become when we observe

² During recovery from silent, slow or stuporous depressed states in analysis, anxiety and guilt about unconscious impulses to cry, rage, and laugh are not uncommon, but the evidence of such multivalence is

often at first only seen or heard for split seconds. Such patients must be watched very carefully for evidence of very short-lived emotion.

very sudden, abnormal progressive or regressive changes. Intriguing as Engel's formulation is, I do not think that signal depression, as a defence against the exhaustion that would occur were this state of signal depression not maintained, does justice to the complexity of the conscious and unconscious state present.

Monica often fell asleep after a period of withdrawal-depression, and although no dreams were reported, I would think that, had this been possible, one might have had more evidence of unconscious, multivalent balance, rather than of signal hopelessness.

A Clinical Example

The following sketch of a patient's development and analysis is related to much I have discussed.

Pearl, as a baby and child, had been reared by a warm, affectionate nurse and a more distant mother, and was called happy and healthy—a state which she later recognized as hypomanic, following infantile depression.

Between 17,³ when she attempted suicide first, and 32, when she began analysis with me, she had nine prolonged depressions, seven prolonged manic states, and two short periods of calmness. She attempted suicide twice, she married, bore two children, divorced, and remarried. She had electro-convulsive treatment twice, and two periods of analysis, the first of sixteen months ending when her analyst died, and the second of fifteen months, when her analyst moved from the city where she lived.

Pearl, while manic, left her own country with her husband, and without her two children, to begin analysis⁴ with me at 32. The mania lasted for several months, slowly changing to depression, from which she slowly recovered during the next two years. Shortly after becoming depressed, the children came to live with their parents. Her husband began to discuss his wife's treatment with a psycho-analyst, but

did not seek treatment himself. During this depression, she went through a normal pregnancy and bore a son. Her mother died suddenly. Her father married a young woman.

Interpretations began in the first interview. Manic mechanisms became more evident in interviews, and began to show less in her external behaviour. Anxiety about the re-appearance of depression ushered in the appearance of depression in interviews, and depression, to some extent, began to show in her external life. Her dread of hopelessness came to the fore, but every day in spite of increasing slowness some work was done. Months later, her inactivity reached such a point that the only material one could interpret in interviews was slight changes in the intensity and quality of facial expression, mouth and tongue movements, and occasional dreams.

She continued to believe that I was hopeful, although at times she believed her good self was lost, destroyed and past. At the same time she believed that her good self was safely and indestructibly stored in others. When she feared that her anergic state would lead to sleep in interviews to protect me from her potential attacks, she also feared going to sleep on account of the confusion in her dreams. She hoped I would sleep in interviews instead, and that my hope would not be destroyed by her hopelessness.

For many years when depressed, Pearl had had manic dreams, and when manic, her dreams were depressive. When she was manic, eventually manic dreams had ensued, and she awoke depressed. When she was depressed, depressive dreams had eventually ensued, and she woke manic.

The sleep-awake contrast had been used previously to separate depression and mania. Earlier still, the sleep-awake contrast had been used to separate intensities of feeling—the satisfaction of a daydream was less than the

³ At 17, while at university, she became depressed and took an overdose of sedative. Pearl fell in love and became manic at 20, and later became depressed and attempted suicide with rat poison. At 21, she was considered well for a time, but became depressed. At 22, she became manic and was treated with E.C.T. She married at 23 and was stable till 24, when she became depressed, became pregnant and later manic. One month after a son was born, at 25, she became depressed and remained so until 26, when she became manic. She became pregnant and remained manic until the child, a daughter, was born. At 27, Pearl became depressed and had further treatment with E.C.T. In the same year, she discovered her husband's unfaithfulness and became manic. She obtained a divorce, and at 28 she became depressed. She began

analysis, which continued for 16 months, at which time her analyst died. She continued analysis for 15 months with a second analyst. At 30, she became elated, and at 31 became depressed, and continued so until she married a second time, following which she became manic.

⁴ Her manic state was accompanied by recurrent erythema and dermatitis of the legs. The setting arranged for treatment became important. The family agreed to select a physician and a psychiatrist who would accept the responsibility for the treatment of physical complications and hospital care (general and psychiatric) if necessary. She discharged two physicians before finding a third whom she could continue to accept. The second dermatologist selected was suitable. The first obstetrician selected was suitable.

satisfaction of a sleep dream, or, to say it another way, a daydream based on memory had once been less satisfactory than a sleep dream hallucination based on memory, since in the daydreams it was more difficult to avoid conflict between the daydream and waking sensations.

Gradually, such states were repeated while awake during analysis. She feared exploiting sleep, both to avoid becoming manic while awake and to avoid attacking me. She guiltily feared making me uninterested or sleepy to avoid her attacks, to avoid her making me hopeless, to avoid her seducing me into idealizing her. The unconscious and conscious hypercathexis of sleep had to be worked through before the shifting cathexis of sleep dream, daydream, thoughts of waiting, anticipating, pining, hoping, impulses of threatening, pleading, coaxing, and impulses to test reality, etc., could be brought as fully into analysis as they were.

The multivalence and the relationship of mania to inability to mourn had been little touched in her previous analyses. During the manic state, at the onset of analysis with me, the analysis of the depressive sleep dreams and manic daydreams gradually became related, in the sense that she feared the intensity of the manic idealization would lead to manic sleep dreams, and she feared that the realization of their dream nature on waking would lead to waking depression. This led to more active analysis of the fear of depression and (i) to the appearance of manic sleep dreams, and (ii) to the appearance of gradually increasing depression in interviews. As the depression in interviews became more stuporous, more confusing dreams occurred, in which manic mechanisms, depressive mechanisms, and eventually paranoid mechanisms appeared, each of a gradually more regressive type, until baby talk and baby noises, and memories of and wishes for early nursing care entered the picture. Gradually, as more infantile material entered, the oscillating balances of affect in her confusion, and the complexity of the material, became the aspect most worked with. All this was confusion to her, and as the confusion became more tolerable it became instead an acceptable complexity. The complexity became more tolerable chiefly by sublimations, at first potential and later actual, of the most infantile material entering analysis, and later her extra-analytic life at that time. The sublimations

were first seen in fantasies of what life might have been up to the present, and eventually in terms of what it might become.

Along with analysis of phantasies of what life might become, she began to make two types of tests:

- (i) To test possibilities, and consequently to test the reactions of others to the great changes in herself; and
- (ii) To test her capacity to tolerate disappointment, and to mourn lost possibilities with increasing speed and completeness.

Parallel to this was the analysis of two aspects of transference.

The first was the repetition in the transference of pathology of the past. In relationship to this, Rosenfeld's descriptions of types of confusion present just previous to the emergence of depressive anxieties, namely, confusion of ego and object, confusion of good and bad objects and impulses, confusion of heterosexual and homosexual objects and impulses, should be remembered. When this confusion becomes transformed into tolerated, complex discrimination, the stage is set for the type of confusion described by Segal, namely, confusion which arises in schizophrenics who try to progress to depression, and feel part of their ego in the persecutor who forces them to assimilate depression, guilt, hope, and need for reparation. Assimilation or tolerance of this confusion leads to the complexity of increased sanity. These types of confusion must be carefully distinguished from what I have described if confusion is not to be confounded.

The second aspect of transference analysed concerned the becoming conscious of what had never been clearly conscious. By this I mean, not only making quite specific both the past situations which had been conscious, but also, and more importantly, the situations and the age at the time when material never previously conscious could first have entered analysis as a fact, and not just as anticipation, had she been analysed at the earlier age concerned. Parallel to such specific and dated reconstructions was the working through of what might have been normal grief and mourning for lost opportunities at these earlier ages, when they were actual, and not, as now, only lost opportunities of years past. This aspect of her analysis dealt with what analysis would have been like had she been analysed as she

was becoming a manic-depressive infant and child, rather than as a patient in her thirties.

The reconstruction concerned how analysis might have enabled her to mourn normally and become an enthusiastic rather than a pathologically hypomanic child. The analysis of her attitude to the continuously and quickly changing analytic situation had, I consider, much to do with her tolerance of intense affects *during* analytic hours, and had much to do with these intense affects not showing between analytic hours. Just as in the analysis of a child, pathological affect may soon be seen mostly in the very special situation of analysis, so, in my adult patient, the intense affects she did show during the years of analysis were mostly shown only during analysis.

The analyst's respect for unconscious fantasy and dreams will make both us and our patients forever grateful to Freud. My patient's plea: 'Where were you?' I could interpret as representing her unconscious wish for analysis, for understanding, when she was a child, to further her ability to learn to cope with grief

and mourning, and so to avoid a manic-depressive psychosis.

Five years after terminating analysis, Pearl is now 39, has had a fourth child, and leads an active life.

Conclusion

We seem to know more about zonal instinct conflict than ego organization in depression. The development of the superego and its relationship to the ego, to identification, to identity and to uniqueness, are being actively studied. What we need to do is to try to be more precise about the transitions between the schizophrenias and depression, and between depression and mania, neurosis, mourning, and enthusiasm, especially with regard to the factors controlling the adequacy and speed of mourning. I have put forward some views concerning some factors that lead to toleration of the complex situation from which hopeful mourning, and later enthusiasm, emerge. I hope these views may contribute to further research and practice.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

IV. THE STRUCTURE OF CHRONIC AND LATENT DEPRESSIONS¹

By

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In clinical terms, latent and chronic depressions can be easily differentiated as two types of the same depressive disease, both being related to a melancholic depression. I use the phrase 'latent depression' as a parallel to latent schizophrenia, thus designating a borderline condition. Here the depressive core is masked by a façade compounded of character traits and neurotic symptomatology. Obsessive compulsive character structure underlies obsessive or phobic symptoms, interspersed with trends of hysterical emotionality and suggestibility. Depressive reactions may occur at the slightest provocation. Time and again, the picture becomes enriched by a hypomanic excitability and exaltation verging on, or leading to, hypomania. Yet these moments are rather rare, except in more obvious cases of cyclothymia which then no longer qualify to be included under the term 'latent depression'.

In *chronic* depressions, the pervading manifest mood is that of gloom with general pessimism and a feeling of futility. Yet some patients are nevertheless able to continue their existence with considerable determination, especially if aided by some strong moral or religious principle, or by an ideology. But if this is lacking and the total personality belongs to the so-called asthenic group, then the general picture is that of hopeless, pessimistic futility.

Paranoid symptoms may occur in both clinical groups, either intermittently or as a permanent undertone. In special forms, a peculiar combination of depressive and schizophrenic symptomatology exists, with both psychotic elements either latent or tending to become manifest.

A structural description of both forms of the depressive disease ought to account for their common core, as well as for their apparent differences; moreover, this delineation should

explain the transition from a latent to a manifest depression, in the same way that a structural outline of latent schizophrenia must account for the occurrence of manifest psychotic episodes.

Prevalence of introjective mechanisms on a primitive level is certainly an element common to both forms of depression. Vestiges of old introjective processes, to which the infantile ego once resorted in order to handle its losses and disappointments, remain enshrined in the unconscious ego, in the form of introjects. The introjects, representing the original parental objects, assume a primitive and concrete form, similar to that which we observe in latent schizophrenia; yet in contrast to that clinical condition, these introjects represent predominantly objects of mourning.

In more extreme cases, when the mourning has been particularly severe, especially when the lost love objects were multiple, the unconscious ego appears to be filled with introjects which have absorbed the major part of both instinctual energies. The self-image of these individuals has been shaped, by and large, by an identification with, or/and as a reaction to, the introjected parental images.

Accordingly, on the whole, the self is also ambivalently cathected and may be similarly distorted. To make it more clear, the image of the self may range along the entire spectrum from narcissistic over-evaluation to hateful self-debasement. Conflicts raging between the infantile ego and the distorted parental figures are re-enacted on the intrapsychic stage; that is, between the self and the superego. The latter is represented by introjected parental imagos which have become the prototypes of the superego. The more primitive and distorted the parental introjects, the more archaic the superego; that is, the more imbued with primitive aggression and pri-

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

mary narcissism. Such an archaic superego goads the ego with missions impossible to fulfil and punishes it with relentless cruelty. Guilt, shame, and loss of self-esteem are inflicted on the ego by this implacable taskmaster.

These conflicts are the ego's source of permanent discontent and disappointment in the self. This constellation contributes to a permanent core of depression which may be masked by some special attainment. New love or some ambitious or creative advance provide the primitive ego-ideal with temporary gratification. When this happens, the ego is pervaded with a mood of enthusiasm. Sooner or later, however, the lovely novelty of gratification wears off; the ego-ideal once more turns on its other side; it changes into the nagging, hostile superego. The self is blamed and punished with the same old cruelty, and once again existence appears futile and hopeless.

An important contribution to this constellation may be made by events causing, at an early age, serious damage to the image of the self. For instance, in the case of a crippling physical illness, the ego may preserve the earlier image of a perfect physical self. This undamaged self has become highly cathected with narcissistic libido. The contrast between this image and the real physical self may act as a source of narcissistic mortification and potential depression. In latent depression it is veiled by various attempts at true or pseudo-compensation. The idea of permanent union and exchange with an idealized or sadistically distorted parental figure may add a specific element to this constellation. In this case, significant patterns of acting out serve an unconscious objective: the restoration of the damaged self.

The significance of early loss of, or disappointment in, a beloved parent, or of damage to the somatic self, is reflected in feelings of guilt (and, consequently, the need for punishment); even if, at first, the beloved parent is blamed for the misfortune, inevitably the blame is turned against the self. Thus these early traumata acquire the meaning of an irreparable castigation.

The reciprocity of the relationship between the infantile ego and parental figures, or between the ego and the introjects, compels the ego to seek suffering as a means of *endearing* the introjects and the superego.

The infantile dependence of the ego thus acquires typically masochistic implications. The ego behaves as though the parental figures would be gratified by its suffering, like the believer of

old who was compelled to please the gods with offerings, or even with self-immolation. The constant and permanent offerings brought by the ego to its own omnipotent figures become the price it has to pay for its security, and, in extreme cases, the payment becomes a guarantee of survival. This masochistic dependence brings about the fear of abandonment by the parental figure: most depressives can be placed in the category which the late Charles Odier called *les abandonniés*. To the depressive, ego weakness and suffering become a guarantee of permanent protection and support by the parental figure. Underlying this is the typical conviction that the parent demands such payment and would abandon the child if it displayed aggression and independence.

This bond of suffering, which I have described elsewhere as the cornerstone of moral masochism, is based on the phantasy of reciprocal and permanent exchange between the self and a parental imago. Should the parental figure be endowed with real and not simply imaginary cruelty, then a sado-masochistic variety may develop. One of my patients, in characterizing her relationship to her father, called this a veritable 'folie à deux'. Some neurotic marriages are based on just such an extremely adhesive bond, which requires a permanent depressive state in one or the other partner as the only possible condition for marital functioning.

This situation becomes particularly poignant when both partners are depressives who need each other as substitute objects which, in both their unconscious phantasies, are supposed to play the role of the rescuing parent. Here the situation is truly tragic, since each partner expects from the other the opposite of what the latter is able to give. Such object choices clearly indicate their masochistic origin.

Since, in the course of a depressive development, some libidinal regression inevitably takes place, the self may become an important substitute object. Unfortunately it also turns into the focus on which aggressive energies centre. A characteristic conflict thus develops: the ego is torn by excessive narcissistic love for, and hostility against, the self.

An outline of the process would delineate it more graphically: first, in a quasi-circular motion, the superego absorbs the sadism of the archaic and barely differentiated ego; this sadism is then added to the introjected aggression of the parental objects, and this compounded aggression is, in turn, focused upon the self.

Thus, *primitive* aggression as well as narcissistic libido is deposited in the self. This scheme of vectorial forces expresses the defencelessness of the self which has become the final target of boundless love and limitless hate.

Although parental introjects (and the self) absorb a great deal of destructive aggression, they are unable to bind this aggression completely so that some quanta must be discharged on to substitute objects. Thus, persons in reality are selected: naturally, this too becomes a source for the provocative acting out so characteristic of the depressive-masochistic personality. Obviously, neither the aggressive nor the masochistic urge, nor even the wish to secure absolute love, can ever be fully gratified with these internal and external provocations: more often than not they achieve the opposite of what they manifestly strive to achieve.

I am aware that in my description I have switched imperceptibly from the delineation of a chronic depression to that of a masochistic personality. But then it should be clear from the onset that elements of moral masochism are the basic ingredients of a chronic depression. The main difference between these two types lies in the latter's obviously depressive mood and in some degree of regression and depersonalization. Some degree of regression accompanies every serious loss of a significant object, especially when this loss is suffered by an immature ego. Narcissistic regression and secondary reinvestment of the self reinforce the cathexis of the archaic imagos.

The regressed ego is opposed to the full cathexis of new objects. Instead of full object relations, this ego engages in pseudo-relations with pseudo-objects. A favourable background for such a regression is provided by the inadequate object relations achieved by these individuals. Pre-genital libidinal quanta play here a predominant role. Consequently affects are blurred and every actual emotional involvement appears to be veiled, reminiscent of what one sees in depersonalization. The formation of new introjects is seriously impeded, so that true acquisition of new knowledge may be no less hampered than the growth of love. This resistance helps the ego to maintain a kind of autarky, a form of pseudo self-sufficiency: in reality, it reflects an attitude of deep dependence on archaic objects (introjects) and their substitutes.

In this way, the cognitive as well as the affective functions of the ego are prevented from

functioning fully. In addition the ego, frightened as it is by its own aggression which has regressed to and/or remained fixated on the level of primitive rage, tries to neutralize and deny this hostility by isolation and a façade of weakness and helplessness.

Intellectual functions may suffer a secondary phallic reinvestment which makes them even more subject to defensive and minimizing denial. Auto-erotic phantasies and autoplasmic mechanisms are put into action, thereby reinforcing the pseudo-autarky of the regressed ego. In one of my patients, urine retention, and the consequent fullness of her bladder, served to replace the maternal breast, while, at the same time, compulsive urination and masturbation aimed at compelling, in her fantasy, the growth of her clitoris; and this was supposed to serve as a substitute for the paternal phallus.

It is largely through the mechanism of isolation that the conscious ego maintains itself without being submerged by the unconscious with its archaic introjects and primitive impulses. Yet, like every other defensive device, this, too, is not fool-proof. Despite its isolation, the ego time and again is permeated with the feeling of general badness; this feeling, which in latent depressives is held in abeyance, is more or less present in the consciousness of the chronic depressive. It erupts in flashes of painful 'insight' during the analysis. Then, in contrast to its former isolation, the ego yields to the error of *pars pro toto*; instead of seeing that badness as part of the self, the self becomes convinced that it is a complete and utter monster.

In latent depressions, the depressive core is overlaid by protective façades which only occasionally give way to reveal the structure of the unconscious ego. New object relations are built with insufficient cathexes, since considerable quanta of libido remain invested in the introjects. Moreover, too often, the new objects selected are analogous to the original ones, or, even if they are consciously intended to rescue the ego from its original bondage, unconsciously they are selected precisely to disappoint the conscious aim and to disallow a true replacement of the original object. Thus, every inevitable disappointment in a new object reinforces the bond with the parental imagos. Such a contradiction is obviously based on the essential ambivalence of the original object relations.

Individual acting-out of segments of the unconscious ego, which cannot be permanently maintained in isolation, is an important part of

the symptomatology. Thus, unsublimated primitive aggression may break through in manifold ways, ranging from simple provocation to outright delinquency—always, of course, with the clear, albeit unconscious, goal of masochistic provocation.

Every new disappointment—and, as a result of the psychic structure, such reversals are inevitable—in heterosexual love relationships may lead not only to a new bout of depression but also to an unconscious shift towards a homosexual object choice, with still another disappointment following in the wake of the former. (The homosexual shift and disappointment may follow a course preformed in childhood.) Here, however, the results may be quite different. Not only does such disillusionment reinforce the depressive reaction, but, in mobilizing the characteristic defensive mechanism of massive projection, it may enrich the depressive picture with more or less clear-cut paranoid features.

The low self-esteem, the aggressively sadistic superego, and the highly ambivalent cathexis of original hetero- and homosexual objects, lead the patient back to his buried treasure: the introjects, which have been waiting in permanent readiness and, as it were, to be ejected by the patient. All these elements, characteristic of a chronic depressive structure, provide the general matrix for paranoid delusions. In some cases one can observe, with great clarity, that the ego is caught between its own hopeless clinging to depressing introjects and its own fear of reprojecting these objects. We see then that the ego is stuck, as it were, with its introjects and doubly entangled by the desire to expel those introjects as much as by the dread of renewed object loss. Since both opposite tendencies push towards resolution, the displacement of old objects by new, the conflict rages between a true object hunger which, unfortunately, only leads the patient back to the urge to incorporate ever new objects; this desire is warded off by the wish to close the ego boundaries to new introjections and in that way maintain the old imagos. Clinically, this particular structure may manifest itself in some depressive states, with strong regressive and projective tendencies, such as I have described under the heading 'The Struggle Against the Introjects.'

Here the depressive individual lives on the verge of psychotic regression and in the shadow of dread of the original (or substitute) objects which, however, do not attain the status of fully fledged persecutors.

Another important clinical manifestation of such psychic constellation can be observed in certain cases of anorexia nervosa. Here the ego's adhesive closeness to the lost object (or objects), and the extreme vulnerability of the infantile ego core, account for the individual's avoiding and withdrawing from new object relations; at the same time food remains the main target for extreme ambivalence and involvement. Phobic taboos, established so as to avoid food, also secure the uninterrupted clinging to archaic introjects. At times the absolute refusal to eat subserves the wish to extinguish one's existence and to bring about a reunion with the lost love.

On the other hand, bouts of compulsive over-eating (bulimia) reflect the attempt to achieve pseudo-independence from the parental figure; yet, at the same time, this action only serves to maintain complete oral dependence on that figure, and to prevent any object-involvement on a less primitive level. Compulsive alternation of bulimia and forced elimination well express this double-edged structure of the anorexic personality.

Both opposite attitudes towards food may also express self-punishing tendencies; either is accompanied by a severe depression. On the other hand, the 'swearing-off' of either compulsion may signify, for the ego, a triumphant victory over the introject; a mood of hypomanic exaltation often results. The dichotomy between the good and the bad self corresponds to the dichotomy between good and bad nourishment: the former contributes to spiritual growth, the latter lowers the self in reducing it to the level of an animal. This alternation of psychic constellations is accompanied by significant changes in the bodily self. The body image shifts from a repulsive over-fed animal to a spiritual, lovely and lovable creature.

Finally, I would like to mention some forms of addiction as another clinical manifestation of latent depression. Here the effects of the drug serve to cover the depressive core of a personality bursting as it is with unresolved primitive hostility. In such patients, withdrawal from the drug may reveal not only the depressive core but also the tendency toward paranoid projection. Repressed homosexuality may add momentum to the formation of persecutory figures. Thus the clinical picture returns to its origins: the dread of being devoured by parental figures takes its rightful position in the constellation, and replaces both vectors of the aggressive-depressive structure, and the process of slow self-destruction by

addiction. A whole chapter ought to be written on the vicissitudes of active and passive cannibalism in chronic depression.

In conclusion, brief mention should be made of the transition from latent to manifest depression, or of an acute depression occurring in a depressive personality. Generally speaking, one may say that any changes in the intrapsychic equilibrium or homeostasis may bring about a weakening of the defences and a breakdown of the façade, with the depressive core breaking through. It would be redundant to emphasize the multiplicity of relevant factors: they range from biological somatic alterations to various changes in life's constellation.

Psycho-analytic experience provides an instructive model of such acute depressive episodes on a small scale. They develop in the course of

working through of earlier constellations of loss and deprivation as they appear in the transference. As the defensive façade crumbles and those early deprivations hit the ego with the old impact, it becomes flooded with anxiety; destructive impulses of the most primitive nature tend to punish the analyst as the frustrating substitute object, while at the same time the attempt is made to repeat the old process of incorporation. The realization of the futility of all these attempts as a way of making up for early loves and disappointments results in bouts of withdrawal, regression, and partial depersonalization—in brief, in a model of a transient melancholic depression. The technical mastery of the therapist should result in a final working through of these reactions and thus in the liquidation of the depressive core.

SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

V. A NOTE ON DEPRESSION IN THE SCHIZOPHRENIC¹

By

MELANIE KLEIN, LONDON

In this contribution I shall concentrate mainly on depression as experienced by the paranoid schizophrenic. My first point arises from my contention, expressed in 1935 (1), that the paranoid position (which I later termed the paranoid-schizoid position) is bound up with splitting processes and contains the fixation points for the group of schizophrenias, while the depressive position contains the fixation points for manic-depressive illness. I also held and still hold the view that paranoid and schizoid anxieties and depressive feelings, as they may occur in more normal people under external or internal pressure, go back to these early positions which are revived in such situations.

The often-observed connexion between the groups of schizophrenic and manic-depressive illnesses can in my view be explained by the developmental link existing in infancy between the paranoid-schizoid and depressive positions. The persecutory anxieties and splitting processes characteristic of the paranoid-schizoid position continue, though changed in strength and form, into the depressive position. Emotions of depression and guilt, which develop more fully at the stage when the depressive position arises, are already (according to my newer concepts) in some measure operative during the paranoid-schizoid phase. The link between these two positions—with all the changes in the ego which they imply—is that they are both the outcome of the struggle between the life and death instincts. In the earlier stage (extending over the first three or four months of life) the anxieties arising from this struggle take on a paranoid form, and the still incoherent ego is driven to reinforce splitting processes. With the growing strength of the ego, the depressive position arises. During this stage paranoid

anxieties and schizoid mechanisms diminish and depressive anxiety gains in strength. Here, too, we can see the working of the conflict between life and death instincts. The changes which have taken place are the result of alterations in the states of fusion between the two instincts.

Already in the first phase the primal object, the mother, is internalized in her good and bad aspects. I have often maintained that without the good object at least to some extent becoming part of the ego, life cannot continue. The relation to the good object, however, changes in the second quarter of the first year and the preservation of this good object is the essence of depressive anxieties. The splitting processes, too, change. Whereas at the beginning there is a splitting between the good and bad object, this happens side by side with strong fragmentation both of the ego and of the object. As the fragmentation processes become less, the division between the injured or dead object and the live one comes more into the foreground. The lessening of fragmentation and the focusing on the object go along with steps towards integration which implies a growing fusion of the two instincts in which the life instinct predominates.

In the following I shall put forward some indications why depressive features in paranoid schizophrenics are not experienced in a form which is as easily recognized as in manic-depressive states, and I shall suggest some explanations for the difference in the nature of depression as experienced in these two groups of illnesses. In the past I have laid emphasis on the distinction between paranoid anxiety, which I defined as being centred on the preservation of the ego, and depressive anxiety, which focuses on the preservation of the good internalized and external object. As

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

I see it now, this distinction is too schematic. For I have for many years put forward the view that from the beginning of post-natal life the internalization of the object is the basis of development. This implies that some internalization of the good object also occurs in the paranoid schizophrenic. From birth onwards, however, in an ego lacking in strength and subjected to violent splitting processes the internalization of the good object differs in nature and strength from that of the manic-depressive. It is less permanent, less stable, and does not allow for a sufficient identification with it. Nevertheless, since some internalization of the object does occur, anxiety on behalf of the ego—that is to say, paranoid anxiety—is bound to include also some concern for the object.

There is another new point to add: depressive anxiety and guilt (defined by me as experienced in relation to the internalized good object), in so far as they already occur in the paranoid-schizoid position, refer also to a part of the ego, namely that part which is felt to contain the good object and therefore to be the good part. That is to say, the guilt of the schizophrenic applies to destroying something good in himself and also to weakening his ego by splitting processes.

There is a second reason why the sense of guilt is experienced by the schizophrenic in a very particular form and is therefore difficult to detect. Owing to processes of fragmentation—and I shall remind you here of Schreber's capacity to divide himself into sixty souls—and to the violence with which this splitting takes place in the schizophrenic, depressive anxiety and guilt are very strongly split off. Whereas paranoid anxiety is experienced in most parts of the split ego and therefore predominates, guilt and depression are only experienced in some parts which are felt by the schizophrenic to be out of reach, until the analysis brings them into consciousness.

Moreover, since depression is mainly a result of synthesizing the good and bad object and goes with a stronger integration of the ego, the nature of the depression in the schizophrenic is bound to differ from that of the manic-depressive.

A third reason why depression is so difficult to detect in the schizophrenic is that projective identification, which is very strong in him, is used to project depression and guilt into an object—during the analytic procedure mainly

into the analyst. Since re-introjection follows projective identification, the attempt towards a lasting projection of depression does not succeed.

Interesting instances of how in schizophrenics projective identification deals with depression have been given by Hanna Segal in a recent paper (2). In that paper the author exemplifies the process of improvement in schizophrenics by helping them, by the analysis of deep layers, to diminish splitting and projection and therefore to come nearer to experiencing the depressive position, with ensuing guilt and urge for reparation.

It is only in the analysis of deep layers of the mind that we come across the schizophrenic's feelings of despair about being confused and in bits. Further work enables us in some cases to get access to the feeling of guilt and depression about being dominated by destructive impulses and about having destroyed oneself and one's good object by splitting processes. As a defence against such pain we might find that fragmentation occurs again; it is only by repeated experiences of such pain and the analysis of it that progress can be made.

I wish here quite briefly to refer to the analysis of a very ill boy of nine who was incapable of learning and was deeply disturbed in his object relations. In one session he experienced strongly a feeling of despair and guilt about having fragmented himself and destroyed what was good in him, and the affection for his mother, as well as inability to express it, came up. At that moment he took his beloved watch out of his pocket, threw it on the floor and stamped on it until it was in little pieces. That meant that he both expressed and repeated the fragmentation of his self. I would now conclude that this fragmentation appeared also as a defence against the pain of integration. I have had similar experiences in the analysis of adults, only with the difference that they were not expressed by destroying a loved possession.

If the drive to make reparation is mobilized by the analysis of destructive impulses and splitting process, steps towards improvement—and sometimes towards a cure—can be made. The means of strengthening the ego, of enabling the schizophrenic to experience the split-off goodness both of himself and of the object, are based on healing the splitting process in some measure and therefore diminishing the fragmentation, which means that the lost parts of the self become more

accessible to him. By contrast, I believe that although therapeutic methods of helping the schizophrenic by enabling him to perform constructive activities are useful, they are not as lasting as the analysis of deep layers of the mind and of splitting processes.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

VI. A NOTE ON THE PRECIPITATING FACTOR¹

By

HERBERT A. ROSENFELD, LONDON

The point which I want to select for discussion is the problem of the precipitating factor in the depressive illness which was raised by Dr Zetzel.

Analysts starting with Freud's views expressed in his paper on mourning and melancholia believe that depressive illness is almost always precipitated by an object loss. This object loss may be a severe one such as death, but any illness of or separation from or frustration by a loved object may produce the situation of 'loss of the loved object'. I have seen for consultation and analysed many cases where the outbreak of a depressive illness was caused by such an object loss. In such cases the patients unconsciously believed that their aggression had omnipotently produced the death or illness of the object in question. It is characteristic in such situations that all earlier experiences of object loss are mobilized leading back to the earliest anxieties of the infant-mother relationship, a factor which might be regarded as a confirmation of the central importance of the depressive position as outlined by Melanie Klein.

However, we might ask if it is only a disturbance in an object relation which may mobilize depression. Freud had raised the question early on whether an injury to the ego or to *narcissism* may alone precipitate depression. I found in some of the patients breaking down with acute depression that they were confronted with a situation which made them aware that they themselves or their lives had been incomplete in certain ways. The patients were overcome by an acute sense of failure. They felt they had not fulfilled the promise of their gifts or had not developed their personality sufficiently. They were suddenly overwhelmed by a conviction that it might now be too late for them to find themselves and their purpose in life. I have observed these depressions not only in women but in men

between the age of 30 and 60. This depression may be regarded as an awareness that certain parts of the patient's personality had been split off and denied. Their predepressive personality was often of an obsessional or hypomanic type similar to Dr Scott's description of his patient Pearl. One might say that in these patients depression may be regarded as being caused by the manic defence system breaking down, a manic defence which is characterized by the splitting off of certain parts of the patient's personality. These parts include not only aggressive features but are related to a capacity of the ego to bear depression, pain, and suffering, which the patient had never dealt with properly before in childhood and later on.

A normal capacity to mourn as Dr Scott has said, or to use Melanie Klein's term for the same process, a capacity to work through successfully the depressive position has to be understood not only from the point of view of object relations, but in terms of ego psychology, namely as a normal important and synthetic function of the ego. This function is an important safeguard against a severe outbreak of a depressive illness in later life.

The depressive illness in the cases I am referring to may be regarded first as a recognition by the patient of a fear or conviction that certain aspects of his personality have been irrevocably lost or destroyed, and secondly as attempts at recovery of those parts of the self. I am referring mainly to the aspect of the self I mentioned before, e.g. the lost capacity to be normally depressed and to mourn which is closely related to the capacity for being creative.

In such depressions there is a regression to the phase of infancy where the original splitting of the ego has taken place, but an important factor is also the recognition of a progressive and

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

reparative drive, namely an attempt to regain these lost parts of the self.

The point I am making is closely related both to Dr Scott's and Melanie Klein's contributions today, and emphasizes that the psycho-analysis of ego disturbances, like the splitting of the ego, has an important contribution to make to the understanding of the depressive illness. The importance of the internal object relations in depression has, however, still to be regarded as the most important aspect of the depressive illness.

The facts I am presenting might throw some light on the frequency of severe depressions occurring at childbirth. Apart from anxieties of

a depressive or persecutory kind derived from a revival of the patient's relation to her mother I frequently found that the baby represents to the mother a good or bad part of her personality. Severe anxiety and persecution may result when the baby is identified with the bad part of the patient's personality and may produce a psychotic reaction of a schizophrenic kind. The fact that the baby generally represents the good part of the mother's self is, of course, quite normal, but depression may arise if the mother feels that the childbirth has led to an emptying of the good part of herself into the baby and so mobilizes her anxieties about good parts of herself being irrevocably lost.

THE PSYCHOLOGY OF BITTERNESS¹

By

JAMES ALEXANDER, CHICAGO

Psycho-analysis began as an affect psychology, as witnessed by the early Breuer-Freud emphasis on phenomena such as catharsis and abreaction. Then psycho-analytic interest spread in many directions, never to return in the theoretical and investigative sense to the centrality of the importance of affects in psycho-analytic psychology, except for sporadic ventures into this area. In clinical practice, of course, affects remained always of central importance, for as Marjorie Brierley (3) pointed out, patients always forced this upon analysts. Bitterness and many other affects remain psycho-analytically unelucidated, it apparently being taken for granted that their nature is self-evident. Definitive attempts have been made to examine certain affects; for instance, Freud (7) and Abraham (1, 2) dealt with depression or melancholia. Freud (8) also dealt comprehensively with anxiety, and recently Lewin (10) did the same with elation. I could cite more instances, such as Freud (6) on jealousy, Greenson (9) on boredom, etc., but I want to point out that our science of psycho-analysis lacks an adequate general theory of the affects or affectivity, as well as studies of some of the specific affects.

There are several important aspects of affectivity. Affects are the essential human qualities of inner experience. Although animals also have affects, these are much less complex than in the human. Affects are not atomic in the Greek sense of being incapable of further analysis. The topography of the affects suffers a good deal of ambiguity in psycho-analytic theory, but the preponderant view seems to be that affects are largely or entirely conscious phenomena. This is not my view. To me it appears that affects can be repressed; that is, become unconscious as easily as other mental content. Affects have a

sensory quality, as is implied by the term 'feelings' which is sometimes used as a synonym for affect, but they have a motor quality also, as indicated by the term 'emotions', in that they exert an intense motor pressure in addition to being a discharge phenomenon. Some of these will be dealt with in papers now in preparation.

It seems to me that we are now near to the point in the development of psycho-analysis where an adequate general psycho-analytic theory of affectivity might be formulated.²

In no science is the interrelatedness of theory and practice more clear-cut and distinct than in psycho-analysis. The central importance of affects in its clinical practice is incontestable. Therefore, the inadequacy of our knowledge of many specific affects as well as lack of an adequate general affect theory militate against advances in therapeutic psycho-analysis. This in turn blocks advances in theory. General psycho-analytic theory will lack unification until an adequate general psycho-analytic theory of affectivity is constructed.

This paper is restricted to an attempt to investigate psycho-analytically one specific affect, bitterness. I take it for granted as self-evident that bitterness is an affect, and I consider embitterment a chronic ego-state involving the whole personality, induced by the ego's task of coping with the affect when it is present to an excessive degree.

Because of space limitations this will be primarily a theoretical paper with only brief clinical references. It is hoped that other psycho-analysts will be able to test my theoretical formulations against their own clinical material. I shall attempt to deal metapsychologically with the problem of bitterness, and then to make some brief attempts to apply the concepts herein

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² Since this paper was written, articles have been published by S. Novéy and R. de Saussure in *Int. J. Psycho-Anal.*, 40, 2, which are significant advances in psycho-analytic affect theory.

presented to the realm of what is generally called applied psycho-analysis.

The Phenomenology of Bitterness

From the phenomenological standpoint, bitterness is often encountered clinically, as well as in our general life experiences, but so far as my clinical experience goes, it has never been a major complaint like the symptoms and feelings which usually bring patients into treatment. Why is this? Bitterness appears to be experienced not as morbid, but rather as an unpleasant feeling justified by external reality, hence appropriate, and therefore not a sickness. Resentment is felt over what appear to the bitter person as justified grievances. This tends in the direction of making demands for the redress of the grievances. The feeling of bitterness, at least in a small degree, is a universal experience, except for those who die in early youth. It does not constitute a clinical or sociological problem unless the affect is quantitatively great. When intense, bitterness is always associated with a burning sense of unfairness or injustice, a protesting feeling of having been wronged without cause, or at least without sufficient cause. This sense of injustice is felt with deep sincerity by the embittered person.

I would like to relate here a clinical excerpt to illustrate this point. The patient was an elderly man, asthmatic, manic at times, often suicidally depressed, overtly homosexual, always obsessive-compulsive. His mother had been incredibly controlling, depreciating, castrating, etc. He was extremely intimidated, inhibited, desperately afraid of his mother. One day during his late latency his mother decided it was time her son learned to play baseball, to which end she procured, ball, bat, and glove. She exerted every effort to force him to learn, but with total lack of success. He just could not or would not learn to play baseball. He could do nothing right, he threw like a girl, etc. She finally desisted from the effort to teach him with the comment, 'I did not raise my boy to be a girlie-boy'.

This memory, which he called 'The Baseball Incident', was a focal point in his analysis. He felt bitter towards his mother for her utter intimidation of him, but what made his cup run over with bitterness was his mother's disclaimer of any responsibility for forcing him into a passive, feminine identification, and then compounding these injustices by not allowing him to be what she had forced him to be.

To return to the phenomenology of bitterness. The affect of bitterness or the state of embitter-

ment produces effects largely in the character structure with few somatic manifestations, that is, alloplastically rather than autoplastically. Physiological concomitants are minimal, unlike what occurs with such affects as anxiety, rage, or depression.

I do not work with children, but my general impression, derived from the analysis of adult patients, is that bitterness does not occur as a fully developed affect until the latency period, and is met with still more frequently during adolescence. Bitterness may not become manifest until adulthood, even late adulthood. Bitterness which becomes manifest only in adulthood usually follows some signal defeat—often involving treachery—in love or war or politics, etc. Everyone intuitively recognizes that a notable intrapsychic victory has been achieved when someone who has suffered a signal defeat or loss is not embittered. Observers rarely fail to comment approvingly when they find victims of grave defeats or losses who are not embittered.

My cases are too few to allow of any definite conclusions as to the incidence of this affect on the basis of sex. If I had to hazard an opinion as to sex-linkage I would say tentatively that embitterment may be more frequent in men, and sourness more frequent in women. Something will be said about sourness later in this paper. If it is true that bitterness is more common in men than in women, and sourness the reverse, I am not sure how to account for it except by speculating that it may be related to the fact that ours is a modified patriarchal form of social organization, which has tended to penalize women. Two other speculations may be relevant. One has to do with differences in psycho-sexual development, particularly in connexion with the Oedipus conflict; the other with innate differences in the instinctual drives, particularly the aggressive drives.

Qualitatively, we can detect in bitterness a querulous note (11). The querulous person seems to be asking a question of the universe in general: Why? Why? Why? The reason for this is that the bitter querulent feels reproachful, resentful, over pain whose reason he cannot understand, which appears to him unnecessary, not inevitable, but deliberately inflicted by fate—in short, as a persecution. This clearly relates bitterness to the paranoid affects.

Bitterness may fail to protect the self in states of bitter remorse over sins and follies, real or imagined. In some severe psychotic depressions, bitter scorn and contumely are heaped upon the

self. Still, as Freud has shown us, these self-reproaches are really levelled against the introjected object with which the self is identified. Despite these exceptions (which are an economic problem) in which bitterness fails to keep the destructive aggression externalized, it does tend to oppose the guilty, depressive tendency to desert the self. Thus bitterness has an adaptation value which tends to maintain life in its bitter struggle for existence.

The Genetic Aspect of Bitterness

In turning to the genetic aspect of bitterness, I would like to introduce this phase of our subject with two brief clinical references. The first is that of a woman patient, a sixth-grade teacher, who was reporting a classroom incident that had occurred earlier in the day. It concerned a 12-year-old boy who often gave her trouble with his sullenness and outbursts of assaultive rage. Generally she had shown a good deal of tact and sympathetic understanding with this possibly psychotic boy. This particular day she said he had behaved like a mad dog, and then she exclaimed, 'He is so bitter he spits bile!'

The second is the case of a man who, whenever he suffered a humiliating defeat, would fall to the floor writhing in an agony of bitterness. At these times he would experience an intense bitter taste in his mouth. Lack of time forbids my relating more details than that he learned from a much older half-sister that during the latter part of his nursing experience his mother found out that the patient's father had an undivorced wife in Europe, and that therefore she was not legally married. She drove this man from the home, but continued to nurse the patient a few months longer until she went down with tuberculosis.

I would now like to state my thesis as to the genesis of the affect of bitterness; namely, that this lies in the nursing phase of life, that the erotogenic zone involved is the mouth, and that the first bitter taste comes from regurgitated bile. These factors of time, anatomical locale, and quality of sensory experience have clinical significance only in a setting of mother-infant conflict. The tasting of bile is an experience common to all, and the reaction to this experience is the anlage of the affect of bitterness. Bitterness *per se* is not pathological. When its occurrence has pathological significance, this is due to traumatic fixations which result from severe mother-infant conflict, wherein the infant's alimentation was disturbed by colic, indigestion,

and vomiting. These fixations, as usual, predispose to regression with later developmental conflicts. The nature of the mother-infant conflict which produces intense bitterness has a special quality. There does not seem to be outright rejection and neglect of the infant. These mothers give the breast, but the infant feels the milk is poisoned. This is due to the infant's perception of maternal rejection, its consequent reaction of hate for the mother along with its experience of colicky abdominal pain and the bitter taste in its mouth. The memory traces of these experiences are cathected by the affect quality we call bitterness. If this cathexis is intense enough the bitterness will be pathological. If not so intense, the bitterness will have adaptation value, but if too intense it predisposes the individual to regression during the anal-urethral and phallic-oedipal phases of development. Unmastered conflicts during these developmental phases are defeats which through regression link up with the anlage of bitterness. The defeats are felt as narcissistic injuries which cause regression to more primitive kinds of object relations, which really mean object loss. Bitterness is a protest against the object loss, and a goad to desperate efforts towards reinstatement of the lost object.

I would like at this point to appeal to further clinical evidence derived from the analyses of four quite bitter persons. Two patients of mine, plus a third one reported to me by Martin Grotjahn in a personal communication, were weaned by mothers who painted their breasts with quinine. They were given the breast as often as they wished until they no longer asked to nurse. A fourth instance was of a Southern man who had had a Negro mammy. His mother weaned him by painting her breast with lamp-black and presenting it to her son with the question, 'You don't want your mammy's breast, do you?' He shook his head and never asked for the breast again.

The clinical material just cited all has in common the nursing phase of life, weaning through trickery without actual refusal to give the breast, bitter taste, only partial rejection with absence of neglect.

Sourness

Let us turn to a related affect or affect state, that of sourness. The first sour taste comes from regurgitated hydrochloric acid. The neglected, starved infant has no milk in its stomach for the casein to absorb the hydrochloric acid. Its

vomit thus tastes very sour. It seems that the sour person feels more completely rejected than the bitter person. The infant who is fed but feels poisoned by its mother's hate and its own hate for the mother seems to vomit contents more distinctively bitter than sour. These different physiological and psychological experiences produce different affects and different characterological effects. It appears that the anlage of sourness develops slightly earlier than the anlage of bitterness, though both appear during the nursing phase of life. The fully developed affect of sourness also appears earlier than the fully developed affect of bitterness, which so far as I can tell is not seen until latency. The cross, ill-tempered, disagreeable—in short, the sour-child is often seen among young children who have not reached the latency period. The embittered person is likely to be more verbal, more intellectually concerned with justice, defending his right to anger and to the demand for redress of injustices, whereas the sour person is likely to be less articulate, but just hostile in an intransigent, uncompromising way. The sour person is not concerned with justice. The expression 'sour old maid' is used of an elderly unmarried woman who has regressed under the impact of disappointment and blasted hopes to pregenital fixations, mainly at the oral level. The character structure is dominated by the affect of sourness, usually with some admixture of bitterness. Her attitude, then, to the external world is chronically unhappy, bitingly attacking. All sweetness is eaten away by the acidulous sourness.

Ezekiel 18.2 says: 'The fathers have eaten sour grapes, and the children's teeth are set on edge.' This suggests the importance of dentition in the development of the affect of sourness. Bitter substances have little effect upon the teeth. Though the taste of sourness is experienced very early, this sensory experience does not at once produce the affect of sourness. Everyone feels sour on occasion, but this fact has no clinical significance unless the sourness is quantitatively great, in which case it results from severe disturbances in mother-infant relationship, such as severe maternal rejection. The affective response to this situation experienced along with the sour taste, particularly after dentition begins in the second half of the first year of life, generates the affect of sourness. The sour disposition predisposes to failures and disappointments, souring one further on life, in turn making satisfactions ever less likely.

The importance of the concept of justice/injustice in the genesis of the affect of bitterness indicates that a great deal of psychic differentiation has had to occur before bitterness can exist. Sourness can exist with less structural differentiation than bitterness. Structuralization of the psychic apparatus into the tripartite entities of ego, superego, and id has had to occur before bitterness can be felt. An ego-ideal has to exist for the ego to entertain concepts such as justice/injustice, and to render judgements on this basis. Sourness is a more primitive affect than bitterness. Sourness requires no more in the way of differentiation of the undifferentiated psychic apparatus present at birth than the primitive ego and id.

Comparison of Bitterness with Depression

Thus we see that bitterness is not a simple affect, if there be any such thing. However, it is a specific affect, a qualitative entity, not just a medley of other affects. I assume that some affects are simpler than others. Sourness appears to be a simpler affect than bitterness. Anger and rage are simple affects. Depression is not an affect, but a complicated ego-state made up from the affective standpoint of a medley of affects such as sadness, hate, guilt, anxiety, and other affects. Rochlin (11) has shown that the early reaction to loss is withdrawal. Depression can occur only later. Spitz (13) and Engel (4, 5) have shown that anxiety cannot occur before about the eighth month. Before that, only the precursors of anxiety exist. These are startle reaction, more or less global unpleasure, distress, restlessness. While the state of embitterment is an unhappy state, the self-accusing melancholy of depression is not present. In bitterness, defeat is not conceded as an intrapsychic event. In bitterness, final defeat may be conceded, but the defeat is wrought by external forces, usually treacherously. Bitterness tends to influence the ego to resort to the use of projection as a defence mechanism, thus reproaching the object rather than the self as in the depressions. Bitterness has a centrifugal rather than a centripetal effect. This is one of the main economic functions of bitterness in psychodynamics.

More extended comparisons of bitterness with depression cause one to note that depressions are poorly rationalized, whereas bitterness is well rationalized. There are agitated depressions, but, by and large, depression tends in the direction of passivity, while bitterness is a goad to action, often reckless action. Depression tends

towards solitariness rather than towards group formation. Bitterness has a socially cohesive effect, though of a factional character. In depression, projection is not much resorted to because guilty submission to the punitive introjects occurs. Bitterness promotes the proclivity to resort to the use of projection. Object-relatedness is reduced by depression. Bitterness tends to produce and maintain strong, maybe pathological, but certainly strong object relationships. The projection in bitterness consists not only of the punitive introjects but also of the pain within the self. This pain is a native part of the self, but under the sway of the pleasure principle the ego would like to disown it. The projection of the punitive introjects means that the battle with the object world is on again. Thus bitterness is more likely to result in murder, whereas depression is more likely to cause suicide.

*Typical Ways in which the Ego handles
the Affect of Bitterness*

It is time now to examine some of the typical ways in which the ego deals with the affect of bitterness. It seems that poets, philosophers, and religious writers agree with the common experience of mankind that life is bitter. Therefore, a good adjustment or adaptation to life would require that the ego deal adequately with this reality, the bitterness of life. Sometimes the ego of certain individuals never copes with this reality except by phobic avoidance. One such individual was a man who avoided arguments at all costs. He was peculiar in his dietary habits, never eating anything sour or bitter. He ate only sweet and salty foods. He got through life by constant placation and cajolery. He was alcoholic. He rarely admitted anger (and only when drinking) and never admitted bitterness, though he had experienced much he could have felt bitter about.

Another way some egos deal with bitterness is to use it to justify brutal aggression. Such persons assert that injustice and treachery have embittered them beyond endurance. This way of handling bitterness has important sociological implications.

Masochistic adaptations to bitterness are common. In one type bitter defeats are masochistically enjoyed openly. One such woman would make pessimistic predictions about the unsatisfactory outcome of something or other. Then she would unconsciously connive at bringing it to the predicted bad end. At such times, she would smile in a more or less pleased manner

and say, 'Now wouldn't you just know the damned thing would turn out that way!'

In another type the masochistic enjoyment of bitterness is vehemently denied. One man would unconsciously connive at his own bitter defeats and humiliations. When the defeat or humiliation was accomplished, he would on some occasions fall to the floor and writhe almost orgasmically while experiencing an intensely bitter taste. This symptom seemed to be hallucinatory. The way this man's ego handled his intense bitterness was to enjoy it masochistically, but to deny the masochistic enjoyment. He spent much of his analysis denying that he contrived his own bitter defeats and that he enjoyed them.

*Some Applications of the Theoretical Formulations
on the Subject of Bitterness*

I would now like to make some brief applications of the theoretical formulations about bitterness here presented to some areas of the realm generally called applied psycho-analysis. In the area of wit and humour, I will cite Webster's *Dictionary*, which says that the essence of sarcasm is bitterness. The sardonic is a variety of the sarcastic which is especially brutal, but at the same time the bitter aggression is somewhat masked by a veneer of suavity. As an instance of the sardonic, Ambrose Bierce opens one of his stories with this sentence: 'Early one June morning in 1872 I murdered my father—an act which made a deep impression on me at the time.' Grisly humour is grim humour associated with the horrible and the horrifying, but it is without bitterness in any significant sense. There are always at least traces of bitterness in irony, but usually the bitter aggression is gentler than in sarcasm. Cynicism refuses to take anything seriously, and bitterness tends to produce seriousness. The cynical person is sour rather than bitter. Bitterness tends to produce irony, sarcasm, or the sardonic rather than the cynical.

Bitterness is commonly encountered in literature. Ambrose Bierce, already referred to, in his *Devil's Dictionary* thus defines marriage: 'The state or condition of a community consisting of a master, a mistress, and two slaves, making in all, two.' This is an example of bitter wit. Robert Burton wrote *The Anatomy of Melancholy*. Herman Melville wrote the anatomy of bitterness, *The Confidence-Man*. Perhaps the greatest of all satirists is Jonathan Swift. Great bitterness infuses all his writings.

Time forbids citing further literary examples.

but I would call attention to the importance of the understanding of the psychology of bitterness to penology. The attempt to avoid giving cause for bitterness in handling delinquents and convicted criminals seems obvious. Sociological and political implications of bitterness are clearly evident. Bitter persons in the populace act as a reservoir of malcontents ready to take violent action, such as leading a mob or being in the forefront of revolutions or embittered labour disputes. Defeats in war, followed by harsh peace terms, are conducive to widespread embitterment; for instance, Germany after World War I and the Confederate States of America after the Civil War.

Closing Formulations

Finally, it seems evident that dynamically, bitterness exerts a considerable, even a dominating, influence on how we love and hate. The pathological handling of excessive amounts of bitterness either sadistically or masochistically interferes with loving, making it precariously brittle, or even impossible. Phobic avoidance of bitterness has grave effects upon the personality also. As a mordant fixes a dye in the fabric of a textile, so does bitterness fix hostile aggression; that is, bitterness changes anger into hate. The embittered person finds it hard to forgive when his sense of justice is offended. When the mordant is sourness the internal object representations are cathected hatefully without deterrence by scruples about justice. Economically, bitterness acts as a facilitator in the adjustment to the reality that life is bitter; that is, in the transition from the pleasure principle to the reality principle. Bitterness is a complex affect with equally complex vicissitudes in the ego's handling of it. If the ego does not have phobically to avoid bitterness or succumb to it sado-masochistically, it adds new and meaningful dimensions to the reality it perceives and experiences pleasantly. This is more or less parallel to the addition of the bitter taste as acceptable to the

palate, thus avoiding insipidity and monotony.

The instinctual impulses by definition are innate. The aggressive energies can become destructive in intent if there is too much frustration or other varieties of pain. The affective accompaniment of the earliest mobilization of destructive aggression I will call rage. Even though we usually understand the word rage in the superlative sense, the affect I have in mind at this point still has degrees of intensity and is objectless. With a certain amount of ego development comes an awareness of objects, and the rage can become focused upon objects. If the rage cannot be abreacted, or the object forgiven, the object is then hated. This last sentence refers only to the deployment of hostile aggressive cathexes, that is, it deals with quantity and direction, but not with quality. The qualitative change that turns rage into hate is through the addition of bitterness or sourness, though the quality of the hate is different depending on whether the added affect is bitterness or sourness. Freud in various writings such as the *Three Essays* has mapped the vicissitudes of the libido. No nearly so adequate mapping of the aggressive cathexes exists. A partial check can be made on the correctness of the above contention through introspection when we recall that whenever we have hated we have felt bitterly toward the object.

I am told a greeting among Chinese peasants is 'We eat bitterness'. This seems admirably to sum up my thesis that the bitter taste and the affect of bitterness are closely related. Ego development makes more differentiated affects possible, and the affects in turn further ego differentiation. Bitterness can occur only after considerable ego development has occurred, and in turn plays a part in further ego development. Just as with other affects such as anxiety, bitterness has positive adaptational value if not too intense. If bitterness is quantitatively too great it causes ego distortions and attendant disturbances in loving and hating.

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SØREN KIERKEGAARD'S MOOD SWINGS¹

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It may sound presumptuous for a guest from abroad to talk in Copenhagen about the Danish genius whose prophetic writings have influenced the thinking of later generations all over the world. Kierkegaard was a forerunner of existential philosophy (Husserl, Jaspers, Heidegger, Sartre) as well as of modern psycho-analytical psychology. His psychology was that of a poet and philosopher, not that of a scientist. It grew out of his self-observations. He expressed the most delicate nuances of his emotional experiences in his diaries, and his poetic-philosophical writings represent a veiled, yet most intimate autobiographical confession. There exists a vast literature on Kierkegaard in Danish and other languages. For my limited purposes I found particularly useful the Danish biographer of Kierkegaard, Johannes Hohlenberg (6), and a German psycho-analytic study of Kierkegaard by Fanny Lowtzky (18) with the subtitle: *The Subjective Experience and the Religious Revelation: a Psycho-Analytic Study of an Almost-Self-analysis*. Fanny Lowtzky describes how close Kierkegaard came to discovering his Oedipus conflict and how he tried to solve it in philosophical and religious terms. Since this publication in 1935 we have gained a deeper understanding of psycho-analytic ego-psychology. Ernst Kris has shed light on the process of creative sublimations in his *Psychoanalytic Explorations of Art* (16), Lawrence Kubie has described the contribution of preconscious processes to creativity depending 'upon freedom in gathering, assembling, comparing and reshuffling of ideas'. This creativity is according to Kubie as universal as the neurotic process that hampers creativity (17). Phyllis Greenacre has developed 'collective alternates' in 'The Family Romance of the Artist' (5), and Erik H. Erikson in his book *Young Man Luther* (2) has brought to life the inner revolutions of another religious genius

who, like Søren Kierkegaard, suffered from manic-depressive mood swings.

We hesitate to apply a psychiatric classification to a genius. But there is no doubt that Kierkegaard's mood swings reached extremes, in which, corresponding to Edith Jacobson's article on 'Normal and Pathological Moods: Their Nature and Functions' (7), the subject as well as the entire object world appears unpleasantly or pleasantly transformed. Two examples may illustrate Kierkegaard's extreme moods. In 1839 he wrote in his *Journals*:

The whole of existence frightens me, from the smallest fly to the mystery of the Incarnation; everything is unintelligible to me, most of all myself; the whole of existence is poisoned in my sight, particularly myself. Great is my sorrow and without bounds; no man knows it, only God in Heaven, and he will not console me; no man can console me, only God in Heaven and he will not have mercy upon me (11, No. 275).

In an 'Attempt in Experimental Psychology' called *Repetition*, published in 1843, he wrote:

I was at the highest peak and surmised the dizzy maximum which is not indicated on any scale of well-being, not even on the poetical thermometer. The body had lost all its earthly heaviness, it was as though I had no body . . . every function enjoyed its completest satisfaction, every nerve tingled with delight . . . every thought proffered itself with festal gladness and solemnity, the silliest conceit not less than the richest idea. . . . The whole of existence seemed to be, as it were, in love with me, and everything vibrated in preordained rapport with my being (12, pp. 74-5).

Kierkegaard was aware that his melancholy had its roots in his childhood. He wrote in his *Journals* that sorrow in adulthood can depress the conscious mind, but 'the terrible thing is when a man's consciousness is subjected to such pressure from childhood up that not even the

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

elasticity of the soul, not all the energy of freedom can rid him of it, (of) something which lies as it were beyond the conscious itself (11, No. 420).

It is remarkable that Kierkegaard never mentioned his mother in his writings. She was, according to Hohlenberg, 'a good-natured housewife, a mother hen to her chickens who could not accompany them on their flight' (6, p. 42). If there had been a strong early tie between this mother and Søren, her youngest child, it was soon replaced by a tie of intense identification between father and son. The father was a gifted melancholy man tormented by religious scruples. As a poor, lonely, starving and freezing shepherd boy he had cursed God for neglecting him, but he had worked his way up and had become a wealthy merchant. His first beloved wife died childless. Since he had impregnated a relative, working as servant in his household, he felt obliged to marry her still in the year of mourning. But he never loved her. Søren suspected from the father's veiled intimations his guilt due to loveless sexual greed. The father was 57 at Søren's birth, and Søren was the last of seven children. The old man experienced his wealth and success as a curse. His second wife and five of his children died before him. Søren was a hunchbacked, precocious child with a rich intellectual and emotional endowment. Outlandishly dressed, without physical strength, he defended himself against ridicule with his keen wit and sharp argumentativeness, which gave him the nickname 'the fork' (6). He, too, expected an early death. The father saw in him a sacrificial lamb, destined to expiate his guilt. Søren shared the father's 'silent despair' (11, No. 483) and his daydreams. The father retired early from business and dedicated himself to the youngest, favourite son. He took him on long exhausting walks through the rooms of their house, visiting foreign countries in their imagination, talking with imaginary people and arguing about the gloomy aspects of religion. On the other hand, the father was given to frightening outbreaks of rage which reduced the child to guilt, despair, and spiritual impotence (6).

We cannot exclude a hereditary factor in Kierkegaard's mood swings, but, in addition, the symbiotic identification with a melancholy father must have intensified the son's suffering. Freud in a footnote to *The Ego and the Id* mentioned 'borrowed guilt feelings' related to melancholia (4). Fenichel took over this concept in his paper on 'Identification' (3, p. 318).

Identification is a stage preliminary to object love, characterized by ambivalence, empathic emotional contamination; at this stage the primary process of emotional orientation is not yet mastered by rational understanding. There is a yearning for the primary union of trust and absolute security, but a persisting overprotective symbiosis by which Therese Benedek characterizes the 'depressive constellation' (1) smotherers and misdirects the child's own instinctual impulses. He develops a defensive secondary narcissism reinforced later by the messianic ego-ideal to become the depressed parent's saviour, an aim of superb grandiosity, an all-or-none alternative, doomed to annihilating failure again and again. The young Kierkegaard was not fully able to discriminate the lonely, unique 'I' from the engulfing 'you'. The symbiotic identification with a father who could not confirm the positive values of life, who was torn by a rift between sacred and profane love, made the son doubt his own sexual role as a male. He described in *Stages of Life's Way* the reproduction of a primal scene as 'Solomon's Dream' (14, pp. 236-7). 'The son was blissful in his devotion to his father,' he wrote. In the night Solomon sneaked into his royal father David's bedroom, frightened by the idea of a murderous raid. He found the old hero prostrate in despair with the bitterest accusations of remorse about his sexual greed. The son recognized in trepidation that 'one must be an ungodly man to be God's elect' (14). 'If there is any pang of sympathy, it is that of having to be ashamed of one's father, of him whom one loves above all. . . .' (14). And 'Solomon's spine was broken' (15, p. 227) by too heavy a load (an allusion to Søren's hunchback and a symbolic expression of his castration anxiety).

The burden of borrowed guilt feelings prevented a full consolidation of Kierkegaard's ego. His superego was split up into many ego-ideals eliciting in a prolonged adolescence the stormy crises of identity that Erikson describes in Luther's adolescence (2). Submitting to the father's wish Kierkegaard studied theology, but he soon turned in rebellion to aesthetic interests, romantic poetry. He became a leader in debating clubs. He passed the nights in coffee houses, theatres, and elegant restaurants. He spent the money of his inconsistently indulgent father lavishly. According to family standards he led a dissolute life. Only after the father's death he finished his theological studies without side-stepping, but he did not become a cleric.

One year before the father's death he met Regine Olsen, then 14 years old, ten years younger than Søren. He fell in love with her at first sight. Regine was the girl of his erotic dreams; he carried his dreams in him for three years. After he passed his examinations, he declared his love to her. He was intensely persuasive in his passion. He overcame her hesitation and became engaged to her. But as soon as he had made this commitment, the image of his fervent hopes changed into the pale image of his memories. Søren became the victim of doubts. Could he, burdened by depressive mood swings, carry the responsibility of this commitment, would the rift between his erotic ecstasies and the obligations of conjugal love ever heal? Was he not going to destroy her and himself? Was he not a frivolous seducer, a Faust, a Don Juan, or Ahasuerus, the eternally wandering Jew? Was it not selfish to ask for salvation through love? Could he trust like Sara, the bride of Tobias in the biblical legend, the woman whose six previous bridegrooms were killed by a demon on the wedding night and who nevertheless accepted Tobias' love and trusted to be healed by it? He saw himself in the role of Hamlet or of Richard III. This flood of male and female self-images indicates the anxiety that foreshadows the dangers of ego-disintegration. Kierkegaard wrote: 'The misfortune really is that no sooner has one evolved something, than one becomes it oneself. I told you the other day about an idea for a Faust. I only now feel, it was myself I was describing; I have hardly read or thought about an illness before I have it' (11, No. 90).

For one year Kierkegaard tried to play the part of the considerate conventional fiancé. He tried to convince Regine that he was unworthy. He was deeply distressed by her clinging attachment. His conflict was a double bind: 'Do it and you will regret it. Do it not and you will regret it, too' (6, p. 91). At last he broke the engagement, deeply humiliated by his defeat, Regine's misery, and the accusations of public opinion.

He saved himself from disintegration by a fever of creative writing, in a kind of manic mood. He wrote to find himself, to explain himself to Regine, to win her back, not as a wife, but as the muse of his creativity. He wrote under an array of pseudonyms: Victor Eremita, Constantin Constantius, Johannes de Silentio, Frater Taciturnus, the Quidam of a psychological experiment, etc. By the pseudonyms he concealed himself in shame, and yet he was bursting

out in defiant self-revelation. The pseudonyms indicate his various self-images, ego-ideals which he tried on for size in order to collect different aspects of reality. Kierkegaard's Socratic self-irony played with these various roles sometimes like a child, yet deeply serious in his search for integration. In his inward trial 'Guilty?/Not guilty' (14) he raged with the indignation of a Job against whom God had conspired with the devil to take away all he loved to test his faith. Was he, Søren, not also innocent? Was there still any hope that would reorganize his future or was he entering the Inferno where hope and love are dead?

He rephrased the myth of Antigone (8, pp. 125-33) to explain his secret destiny to Regine: Antigone has discovered the secret crime in the life of Oedipus her father, and that she is the fruit of an ill-fated incestuous bond. Her father dies without sharing his secret with her or with any one. Antigone does not dare to accept the wooing of a lover to whom she is deeply attracted, since she cannot betray her dead father's secret; she is bound by filial duty and is free to love only when she dies.

Kierkegaard repeated the theme of the Oedipus conflict in many variations. In the variation of Periander (14, pp. 298-302), Tyrant of Corinth, he described the contradictions in his father's character. Periander spoke as a God-fearing, wise, and generous man, but he acted like a madman. He had had an incestuous relation to his mother and murdered his wife; the son rebelled against him but then forgave him. In these variations of the oedipal theme it is significant that always the father is guilty and the child borrows the guilt. The Antigone variation indicates Søren's feminine identification and the homoerotic aspects of his tie to the father.

In his prodigious writings Kierkegaard gradually reconciled the dialectic tensions that had torn his soul. His bisexual endowment, his masculine and feminine identifications, his active and passive ego-ideals slowly reached the stage of ego-integration and superego consolidation. Kierkegaard never had to beg his muse for inspiration. He was flooded with ideas. And what he passively and gratefully received as inspiration he actively and forcefully elaborated into his own convictions.

His first book *Either/Or* (8) presents the battle between sensuous aesthetic immediacy and endless ethical reflections in Kierkegaard. In analytic terms the contradictions between the id and the superego appeared still irreconcilable.

But he divines a solution of the conflict on a religious plane.

In *Fear and Trembling* (9) he approaches a solution of his conflict by rephrasing the story of Abraham and Isaac in his own terms. Abraham was willing to sacrifice his only beloved son, his hope for the future, to the will of God, as he understood it, all alone without any assent of other human beings. He achieved the 'movement of infinite resignation', he faced the nothingness that surrounds human existence, he accepted destiny as a free agent and herewith he transcended its frustrations, and the son was given back to Abraham, not in a life after death, but here and now, by 'the movement of infinite faith' (9, pp. 65 ff.). Owing to the *credo quia absurdum* he received the son in a new trust, no longer as a selfish personal possession in his own limited existence. The *species aeternitatis* was opened to him, through the leap into faith, into the forever unpredictable future. Kierkegaard speaks of the 'leap into the dark of the genius' (17). The legend of Abraham and Isaac reminds us that Søren's father had chosen the favourite son as sacrificial lamb for the expiation of his guilt. The legend of the Bible laid the foundation for the Jewish covenant with God and the custom of circumcision. Borrowed guilt feelings descending from father to son gave rise to the dogma of original sin, the damnation of a narcissistic asocial sexuality and the dogma of expiation of sin by a sacrificial death. The self-revelation in *Fear and Trembling* indicates that Kierkegaard was freeing himself from the selfish appropriation by and identification with his father. And to the degree he was freeing himself of this dependence, the chains of his own defensive narcissism, his arrogance, ambition, and possessiveness gradually dropped away. After a long search for identity he was finding himself, he recovered from what he called the 'Sickness unto Death' (13, p. 44) in which he had 'desperately tried to be himself and yet also tried desperately not to be himself'. He searched for 'the knight of faith' (9) in once-born individuals who simply trust the immediacy in living, while others twice-born, like himself, can only by the leap into faith return to this basic trust. And this leap is more than a rational yielding to the necessities of reality. Says Kierkegaard:

The thing is to find a truth which is true for *me*, to find the idea for which I can live and die. . . . What good would it do me, if truth stood before me, cold and naked, not caring whether I recognized her or

not, and producing in me a shudder of fear rather than a trusting devotion? (11, No. 90).

On this basis he built his own subjective philosophy and religion. He protested against the system-building philosophy of Hegel which encompasses the universe of man's cognitive potentialities. Kierkegaard had certainly learned much from Hegel's dialectic thinking. He emphasized the 'either/or' of decision versus the 'and/and' of synthesizing thought processes, religiosity versus philosophic speculation. Kierkegaard's concern was the individual, his subjective needs and passions and his dread of disintegration in the dialectical tension between his passions and the prohibitions imposed by reality. He saw the human being in a process of becoming a self, the courage of becoming conscious, transparent to himself in a struggle against the forces of self-concealment, seclusion, and illusion. Kierkegaard therewith ploughed the field for discoveries that were made in psycho-analysis a century later. I do not enter into Kierkegaard's religion and philosophy. I wanted only to give a sketch of his personal development. Kierkegaard succeeded in trusting his own spiritual potency, and in this trust he reached the experience of subjective freedom that united his will with his destiny. He had experienced his symbiotic identification with the father and the repetition compulsions of a defensive narcissism as 'original sin'; the integration of his ego, the creative liberation came to him as a gift of divine grace.

Until his early death at the age of not yet 45 Kierkegaard remained a polemic fighter, as if he had to reinforce the boundaries of a hard-won ego strength against the intrusion of a hostile world and hostile father-images. He fought against the anonymous corruption of journalism, and his sensitivity had to endure bitter counter-attacks in the *Corsaire*, the *Danish Punch*. He fought against the lack of authenticity of the individual who loses his subjective freedom and personal responsibility doomed by the more or less hypocritical adjustment to the currents of a mass society. He fought against the compromising, unserious complacency of modern institutionalized Christianity and did not mince words in his attacks. He fought valiantly, but in fighting he had found the personal relation to the God of Love. He did not pile up financial gains. At his death there was only money left for the funeral. He did not gather glory in his lifetime.

But he had the conviction that his ideas would reach future generations.

Just when he had finished the last pages of his last book *The Instant* (10), Kierkegaard fell from his sofa unconscious and was taken to the hospital, where he died after a month. He presented in his last book the pregnant instant in which Time touches Eternity and demands a personal decision. In contrast to the rationalists' idea of the identity of subject and object, the unity of thought and being, Kierkegaard says 'Man is a synthesis of the infinite and the finite' (13), but this synthesis is just the opposite of identity. It is the basis of existential despair, it separates subject from object, thought from being, it reveals the dynamic insecurity of the spirit.

In the last weeks of Kierkegaard's life his friends and relatives saw him free from anxiety, though he was fully aware of his closeness to death. Unanimously, his physician, nurse, and visitors experienced a radiant serenity in the dying man, 'heart-felt love, a blessed, released sorrow, penetrating clarity and a playful smile' (6, p. 268). The words of Bertrand Russell are applicable to Kierkegaard's life and development:

Except for those rare spirits that are born without sin, there is a cavern of darkness to be traversed before that temple can be entered. The gate of the cavern is despair, and its floor is paved with grave-stones of abandoned hopes. There Self must die; there the eagerness, the greed of untamed desire must be slain, for only so can the soul be freed from the

empire of Fate. But out of the cavern the Gate of Renunciation leads again to the daylight of wisdom, by whose radiance a new insight, a new joy, a new tenderness, shine forth to gladden the pilgrim's heart (19).

Kierkegaard had to overcome severe obstacles in his rich but tragic endowment: his physical handicap, the burden of borrowed guilt feelings in his prolonged symbiotic identification with a melancholy father who indulged and tormented him and was unable to offer him the image of self-assertive maleness to emulate. Søren Kierkegaard suffered from the ambivalence in this relation, from the dialectical tensions of bisexuality, in the stormy identity crises of a prolonged adolescence. He could not eradicate what he called 'the thorn in his flesh', the rift between erotic passion and the yearning for conjugal love. But his regressive tendencies entered into the service of ego integration and of the creative sublimations of the artist as Ernst Kris has described them (16). Kierkegaard mastered the dialectical tensions of bisexuality. As an adult he worked through his unsolved Oedipus conflict. He accepted his ego boundaries, renounced the overcompensations of a defensive, secondary narcissism, and in a renewal of basic trust he transcended the limitations of his individual existence. Like Luther before him and Freud after him, and other men of genius, he took the risk of non-being implied in the rejection by his contemporaries and entrusted his ideas to future generations.

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SOME CHARACTERISTICS OF THE PSYCHOPATHIC PERSONALITY¹

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In this paper I shall discuss some characteristics of the psychopathic personality. I use the term here in the sense in which it is generally employed in psychiatric and psycho-analytic literature. I cannot, in a paper of this length, discuss the analytic literature on the subject, but would refer particularly to Alexander (1), Bromberg (2), Deutsch (3), Fenichel (4), Greenacre (5), Reich (9), Wittels (10). It will be seen that my approach to the problem is essentially dependent upon an understanding of the work of Melanie Klein (6, 7, 8).

I shall limit myself to describing and discussing one psychopathic patient whom I have had in treatment for about three years. I shall then draw certain conclusions from this case which seem to me, both by comparison with other psychopathic patients and from a perusal of the literature, to be relevant to the psychopathology of the non-criminal psychopath in general.

X was 16 when he came into treatment. His family is Jewish. His father is a somewhat weak and placating man; he works in a large industrial concern, but originally trained as a lawyer. The mother, of French origin, is an anxious and excitable woman who looks younger than her age. She started running a small café a few months before treatment started. There is a daughter who is two years younger and is more stable than X. There seems considerable tension between the parents, but both are concerned about X. X was referred for restless, unhappy and unsettled behaviour. He could not stick to anything, had no real interests, and was doing badly at school. His mother was anxious about his precocious sexual development and interests.

X was breast-fed for about two months; he was then put onto the bottle, as the mother had insufficient milk. He cried a lot between feeds. He appeared to have become increasingly difficult with his mother since puberty, but was overtly fairly friendly with the father despite frequent flare-ups.

He went to boarding-school at 13 and in his holidays had one or two vacation jobs but could not stick to them. He seemed interested only in earning a lot of money in the easiest possible way. At 16 he was moved from boarding school to a cramming college in London in order to come to analysis. At this period he started to mix with a group of restless, near-delinquent teenagers who had no regular careers, training, or jobs, and himself remained just on the outer fringe of delinquency. He and his friends went to endless parties where there was a lot of petting with girls until all hours of the night, and they had virtually no other interests. At college he despised and mocked his teachers, did almost no work, and cut his lectures. His two ideas for his future career were to be a lawyer or to go in for catering (his parents' careers). Soon he added a third, that of being a psycho-analyst! He was extremely demanding and exploiting with his parents, getting everything he could out of them, money, food, training, and then manifestly throwing away his opportunities. About all this he showed no apparent sense of guilt, but was very bombastic, and maintained a picture of himself as being in some way special and unique. He seemed emotionally very labile and impulsive and was apparently easily influenced by his group. He would often talk in a somewhat maudlin and sentimental way. Although he considered himself universally popular, he had in fact no real friends. In appearance he was slim, with a rather effeminate gait.

It seemed to me that X was in fact clearly a psychopathic personality. His difficulties did not seem to be just those of normal adolescence; he lacked obvious neurotic symptoms; he was not psychotic, and had a severely disturbed character formation. As I have suggested, he was impulsive, had a weak ego, and was apparently lacking in a conscious sense of guilt. His object-relationships were primitive, he was shallow in affect and very narcissistic.

In analysis X attended regularly, but there were periods when he would become very aggressive, would twist my interpretations, throw them back at me, verbally attack and mock at me, or would argue

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1960.

and cross-question like a sadistic lawyer. At other times he was on the whole co-operative, often very smooth to the point of being placating; but there was a shallow type of response to my interpretations, he seemed consciously to pay little attention to them, would vaguely say 'Yes' and go on to something else, and would not from one session to another show any continuity or refer back to insight he might have gained.

I shall now discuss three interrelated characteristics which I believe to be fundamental to X's psychopathic state. First, his striking inability to tolerate any tension; second, a particular type of attitude towards his objects; and third, a specific combination of defences with whose help he maintains a precarious but significant balance.

X constantly shows his difficulty in tolerating any kind of tension. On a primarily physical level he tears at his skin and bites his nails when he experiences any irritation; he was unable to establish proper bladder control until well into latency. He reacts to any anxiety by erecting massive defences. He cannot stand frustration and tends to act out his impulses immediately with little inhibition. Nevertheless, as I shall indicate later, a great deal that appears to be an uncontrolled acting out of impulses can be seen on further analysis to consist of complicated mechanisms to avoid inner conflict and anxiety.

As to the second point—his particular type of attitude to his objects. X is, as I have described, extremely demanding and controlling, greedy and exploiting. What he gets he spoils and wastes; then he feels frustrated and deprived and the greed and demands start again. I want to show how this pattern is based on a specific inter-relationship between greed and envy. To give an example: he must have analysis, he must have the sessions at the times he wants, it does not matter how difficult it is for his parents to afford the fees, but when he has it he mocks, he disregards, and he twists the interpretations. As I see it, he knows that he wants something and will grab, almost to the point of stealing, but then his envy of the giver—of the analyst, teacher, at depth the good parents—is so intense that he spoils and wastes it, but the spoiling and wasting lead to more frustration and so augment the greed again, and the vicious circle continues. Melanie Klein in discussing an aspect of this problem says, 'Greed, envy and persecutory anxiety, which are bound up with each other, inevitably increase each other.'

As to my third point, I am suggesting that the nature of the anxieties aroused by this inter-

relationship between greed and envy leads to the establishment of a characteristic series of defence mechanisms. These I shall describe in more detail, and I shall suggest how they enable X to maintain a particular type of balance. I shall show how X, despite his greed, exploitation, and impulsiveness, is not a criminal; despite his envious, omnipotent incorporation of his objects, his cruelty towards them, his apparent lack of concern for them, and his resultant inner persecution, he has not become psychotic. The balance that X achieves is, as I see it, the psychopathic state—a state in which profound guilt and depression, profound persecution, and actual criminality are all constantly being evaded.

The group of defence mechanisms mainly used by X to keep this precarious balance is centred round the maintenance and actual dramatization of powerful omnipotent phantasies which are largely based on massive splitting and excessive projective and introjective identification. So long as these mechanisms are effective, X's balance can be held and breakdown warded off. I have given some instances, such as his inability to visualize any career for himself other than that of his parents or myself. Or, when he was attempting to study economics for his General Certificate of Education, he immediately saw himself as a future writer of text-books or an economic adviser to governments—not as a beginner student. I have also instanced how, when he was attending college, early on in the analysis, he in fact did no work, cut lectures, and mocked at and derided his teachers as he did myself in the transference. But when faced with the reality of exams he would firmly maintain that he could easily catch up in the two or three weeks that remained.

These defences depend upon a total introjection of, and magical identification with, the idealized, successful and desirable figures—the parents, analyst, writers of text books. This type of introjection enables him to ward off the whole area of depressive feelings. He avoids any dependence on his objects, any desire for or sense of loss of them. In addition, since he has swallowed up these idealized objects, and in his feelings stolen their capacities, he avoids envy and all competitiveness, including his oedipal rivalry. He has all the cleverness—the teachers and I are stupid, not worth his while attending to, we are the failures. Thus he splits off his wasting, failing self, his failure to make good and use what is available, and projects it into the teachers and myself. He is also magically reparative, can put

everything right, e.g. the exams. In this way, failure, guilt, and depression are completely obviated.

Similar mechanisms are at work in his choice of friends. I have stated how, for a long time, he mixed only with a group of unsuccessful, near-delinquent young people. It became clear that he projected into them his own criminal self—they stole, they lied, not he; thus he avoids actual criminality and the guilt that could result. It is interesting to note, however, that on the one occasion when he did get arrested by the police, along with a delinquent friend—mistakenly as it turned out—he lived in a state of near collapse for days, confirming that in fact it is the intensity of his fear of persecution that prevents his being a criminal.

A similar method of avoiding actual criminality and persecution and yet living out his stealing impulses by projective identification can be seen in the following type of behaviour. He would give a friend 10s. to hand over to a storeman who would 'lift' a coat from a warehouse and get it round to X. X is constantly having to evade his inner persecuting figures and superego. These he would project into the police and parents, or, at college, his teachers, and then he allied himself with his delinquent friends against them. At other times he would identify with his inner accusing figures and turn with violent accusations against his erstwhile friends, containing his criminal self. At yet other times he would appear to do a great deal of wheedling, cajoling, and bribing of his internal figures as if constantly trying to prove that his criminal impulses were not what they seemed, as is indicated in the example of the coat 'lifted' by the storeman.

Naturally the constant use of projective identification to rid himself of the bad parts of the self and inner objects leaves him feeling more persecuted externally. This he deals with either by flight—for example he eventually could not face his college and teachers at all; or by a manic, mocking, controlling attitude, as I have described in regard to his behaviour with myself and his teachers.

The need to project these various internal figures into the external world to avoid both inner persecution and the possibility of guilt plays a role of great importance in motivating psychopaths to manoeuvre rows, brawls, and fights in their outside environment to get themselves noticed and punished and attacked for apparently petty reasons. X, when his environment did not persecute him and when he seemed to be more

settled and happy and to be getting more insight, became noticeably accident-prone. He poured boiling oil on his foot and cut off the tip of his finger as if he now had to play out the role demanded by his slashing and burning internal figures. It was also obvious that he unconsciously felt that such attacks were justified. He managed in a striking manner to neglect his scalded foot. I shall later indicate how such unconscious guilt and inner persecution drove X into actual stealing and into actually being rejected.

I have so far been trying to show some of the main mechanisms that X constantly used to avoid guilt, depression, inner and external persecution, and actual criminality. I want now to mention a more extreme defensive process which may occur when these ordinary mechanisms of omnipotence and projective identification fail him, and when he is momentarily faced with psychic reality. This process—a massive fragmentation of the self and inner objects—could be seen at certain periods in the analysis when the nature and need for his omnipotence were being interpreted; then one might get a sense of immediate chaos. X might become extremely angry and abusive with me, shouting at me for being ridiculous, or he might appear to collapse, yelling 'All right, all right, all right', as if he were falling completely to pieces. In these situations parts of the self and internal objects that had previously been split off and projected out and kept at bay by his holding on to the idealized omnipotent phantasies, are, by virtue of the interpretations, brought back into contact with the self. At this moment a new violent splitting and falling to pieces and projective identification takes place, since the patient feels overwhelmed by his impulses and by his emerging guilt and his internal objects; at once the bad, for example 'ridiculous' parts, as well as his inner persecuting figures, are projected into the analyst, who is attacked and abused, or is placated in a desperate masochistic manner—as with X crying, 'All right, all right, all right'. This splitting is now of a diffuse fragmenting type, making one aware of his nearness to schizophrenic disintegration, and his absolute need for the omnipotent defences that prevent it.

In the second part of this paper I shall bring more detailed material to illustrate some of the main points that I have been making—especially the interconnexion between greed, envy, and frustration in X and the nature and functioning of his characteristic defences.

The material I am quoting occurred about a month before a Christmas holiday. My previous patient had in fact just left, but X arrived early, and instead of going as usual to the waiting room, came straight to the consulting room, opened the door, looked in, realized his error, shut the door and then went to the waiting room.

At the beginning of the session he told a dream, which was that he was in a place like a bar which also served food; his penis seemed to have come through the zip opening of his trousers. He put it back, but then it was as if he pulled it out again; he thought that people would realize that he was a homosexual, or a pervert. There were other men, perhaps sailors, in the bar. His associations were to a bar in a village near a town D, where he stayed during the previous summer holidays. The bars there were closed on Sundays, but everyone went to the bar in the nearby village which was really meant only for travellers passing through. The penis showing through the trouser opening refers to a party the previous weekend when X got a bit drunk and a boy had his trouser opening showing. X then described how he went into a public lavatory a week or so before: the notice on the door said 'Vacant', but when he opened the door he saw a man's bag standing on the floor inside, then realized that there was a man in the lavatory saying something to him as if inviting him to come in. X was alarmed and fled. Briefly, I am suggesting that X was showing his feelings about the coming Christmas holidays, when I was felt to be the shut bar, and he turned away to the open bar, the homosexual relationships with men, experienced as a drinking and feeding, which I connected with fellatio phantasies. As I was speaking he said that he was just thinking about masturbation phantasies he had had about sucking his own penis. He then seemed to trail off, saying that he had a heavy bag of school books with him, and wished he could leave it here in my flat. I pointed out that he seemed to be turning my flat into the lavatory scene that he had experienced the previous week, for he had started the session by pushing open the door as if maintaining that it said 'Vacant' and was proposing to push the bag in here too.

I shall now bring together the main points that I tried to convey to him and that I want to discuss here. First there is the dramatization of the whole situation in the transference. There is also the avoidance of the frustration and anxiety about my being shut, as the mother, unavailable over the Christmas holiday, by turning greedily to the ever-open bar. But the bar is run by men; he turns to the father inside the mother, my room being a combined parent figure. There is a reference to his greed: last weekend he was a bit drunk; but the greed leads at once to envy of the person who can feed, so he incorporates the

feeding penis which is equated with the breast, and omnipotently sucks from his own penis in his masturbation phantasies and will, apparently, feed the other men—the sailors. His trousers then become the ever-open bar. Thus, all feelings of anxiety about loss and possible rejection by the mother are obviated; his need and desire for her are in the men who are split-up aspects of the father. But now the father containing these bits of himself becomes an object of terror, as is seen in the association about the flight from the man in the lavatory. In the dream there is a breakthrough of persecutory fears; he puts his penis back again, as if afraid of the greed of the sailors. X achieves his omnipotent solution by becoming homosexual, meaning that he now contains the penis-breast. But the guilt and persecution about the stealing of the breast is evaded, since the actual homosexuality is projected into myself as the father seducing him.

There are two further points I want to make. First, that the homosexual collusion with the men—there are no women in the dream—is mirrored in his placating relationship with his actual father, in which both quietly denigrate the mother. Second, I am trying to show here the depth of X's omnipotent phantasies. I have already stressed his need to have both his parents' careers, and he finally chose the one based on his mother's, both her immediate one and her original maternal feeding one. In this material it becomes clear that at depth what X feels he must have is the mother's breast stolen by the father and fused with the father's penis.

I shall now bring material to illustrate more fully an aspect of what I described earlier as X's particular type of attitude to his objects. I shall show some of his ways of avoiding his deepest guilt towards his first object, especially his method of dramatizing a situation in which he is thrown out, and thus punished, for a petty crime, rather than enduring the deeper underlying guilt which would lead him to experience the depressive position.

X decided to take up catering as a career and by now was able to start in a realistic way; he was accepted at a catering college and found a job in the kitchen of a good hotel where he could get preliminary experience. He was good at the work, and, for the first time since he had been in analysis, very happy in what he was doing. Suddenly, after being there just a month, he arrived saying that the chef had given him the sack, but he did not know why, except that they were cutting down staff. This reason did not convince him. Throughout the session he

spoke very restrainedly, kept telling how very helpful and nice everyone had been, the work place, the employment agency, adding frequently, 'I didn't fall to pieces, I didn't fall to pieces', and then went back to everyone's niceness. When I showed him both his belief that the chef had now stolen his job and his potency, and his fear of facing his own despair, persecution, and hate, he suddenly said that he thought that the chef was a crook. He had once overheard a conversation which seemed to indicate that in a previous job the chef had stolen some hams. As he described this X became panicky, saying 'My anger's coming out', and went back to describing how nice and helpful everyone had been. Right at the end of the session when speaking of his fear of his anger he said 'It's like when I went to the cinema on Saturday, they showed the film of a plane crash, where fourteen people were killed. Tears came right up behind my eyes—ordinarily you act as if you felt tearful, but this was real, it caught me by surprise, I stopped it, but in a way I was glad the feelings came.'

I want to stress three points here: first, his fear of falling to pieces if the hate, the persecution and despair were allowed to come through and overwhelm him, just as he seemed to be liable to fall to pieces in the session that I instanced earlier when his omnipotence was being analysed and he was momentarily facing psychic reality. Second, his attempt again to deal with the guilt by projecting the stealing parts of the self (as will emerge later) and the oedipal impulses towards the mother, and the robbing, castrating internal figures into the chef standing for the father, and at first even denying his fear about him. Third, the profound idealization of the self, being so quiet and constructive, and of the whole outside world other than the chef. But this splitting and idealization is now aimed also at keeping his good objects alive and safe. This can be seen by the emergence of depressive feelings; for example, the strikingly sincere way in which he spoke of the plane crash, and his fear about the crashing of his constructive work, at depth his good internal objects. But he had in fact brought about this partial crash, the loss of the good job. The reason for this emerged more clearly three days later when in response to interpretations he said that he thought that he might have been given the sack for stealing food from the hotel. Three times he had taken sandwiches home with him. So the criticism of the chef for stealing became clear. But as I shall now try to show, this petty stealing of the sandwiches which almost certainly got him the sack was, as I suggested at the beginning of this paper, not just an acting out of greedy impulses, but a more complex method of avoiding the deeper guilt and anxiety about stealing by the spoiling of his good object—at depth the mother's breast. This was shown the following day, when he arrived complaining that although he had got a new job he had only been paid one pound to keep him going. 'I can't manage, I have to pay rent,

I can't manage, I shall have to borrow. At the hotel the menu is in French and I can't understand it.' I suggested that what he could not properly understand was how he got into all these muddles with money, and I should add that there was an important connexion here with the French menu, the French mother's food. He spoke of plans for paying the money back, and went on to say he had had a bad night; his hot water bottle had leaked, the stopper wasn't in properly, and the bed got damp. I suggested that the real problem was that he felt that the money, just like the analysis and his other opportunities, seemed somehow to leak away and not get used properly. He spoke about a difficulty in plans for the day; how to manage about the suitcase he had with him. If he took it to work, the doorman would go through it when he left to make sure he wasn't stealing anything, and he would be so embarrassed as it was full of soiled linen. I showed him his anxiety about taking in stuff from me, the hotel, in a stealing way, that is, not to use it himself, for example, to have a good meal but to slip it out secretly and make it into a mess represented by the soiled linen, as he did with the analysis, when the sessions again and again got lost and chaotic. He said that at the previous job it was true he did get three good meals a day, but then went to the lavatory three times a day to defaecate.

Thus, the real nature of his guilt, his self-accusations, here projected on to the doorman, concern his turning his good meals at once into faeces, my good interpretations into disregarded stuff, which are then just defaecated or leaked out.

There are two points that I want to stress here. First, I believe that it is this type of envious spoiling that is the really critical point of the guilt in these patients, leading in X to a fear of loss and rejection. This guilt and anxiety he avoids by getting himself actively thrown out of his job for apparently petty, greedy stealing. Second, it is this spoiling and wastage that leaves these patients always dissatisfied, feeling, as they express it, that 'the world owes me something', and this stirs up greed again. Of course, this dissatisfaction is increased by their guilt, which also prevents them from feeling able to use and enjoy what they do get.

Conclusion

I am suggesting in this paper that the psychopathology of X might be considered to be typical for a large group of non-criminal psychopaths. It seems that he is particularly unable to tolerate frustration and anxiety: that he approaches his objects with an attitude of extreme greed and stealing; that the greed and experience of desire

lead immediately to feelings of intense envy of the object's capacity to satisfy him; he attempts to obviate his envy both by spoiling and wasting what he gets from the object, thus making the object undesirable, and by omnipotent incorporation of the idealized object. He is faced with profound anxieties on many levels. He cannot face and work through the depressive position both because of the intensity of the persecution of his internal objects and his guilt; and because he is partially fixated in the paranoid-schizoid

position owing to the strength of his envious impulses and splitting. I have tried to show how, faced with these various anxieties and impulses, he manages to keep a precarious balance, avoiding criminality on the one hand and a psychotic breakdown on the other. I have discussed the nature of the defence mechanisms—based on omnipotence, splitting, and projective and introjective identification which keeps this balance going—and am suggesting that this balance is the psychopathic state.

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A PSYCHO-ANALYTIC APPROACH TO THE TREATMENT OF THE MURDERER¹

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In his 1915 paper, 'Criminality from a Sense of Guilt' (4), Freud showed how in crime the internal situation is frequently of paramount importance, and the criminal act itself is unconsciously intended to reduce that painful internal state of affairs. He stated that the oedipal situation, with phantasies of killing the father and marrying the mother, is pivotal. He stressed, however, that by comparison with the savage phantasies, the actual crimes were trivial enough. In murderers I found quite a different situation, and was reminded of Freud's statement to Jones and Ferenczi after he had written *Totem and Taboo*, that he had gone from the study of the wish to kill to that of an actual killing, and that from wish to deed was a big step.

In looking through some of the literature on murderers I have been impressed by finding that most of the cases described were clearly psychotic, as is shown in the papers of Bromberg (3), Wertham (13), Sheehan Dare (12), Podolsky (11), Marie Bonaparte (2), and Alexander (1). Alexander also describes a neurotic attempt at murder which was part of a suicide pact which went awry. Writing from a psychiatric viewpoint Gould (7) refers to the close relationship between murder and suicide in phantasy, impulse, and action. Bromberg mentions the early excessive sexual activity of his patient and points out that the adult character trait of complete compliance in his patient was apparently a defence against deeply buried unconscious aggressive impulses. He states further that aggressive behaviour will follow when ego-strength is insufficient to combat the destructive forces derived from early oral aggression. He also says that whether murder or suicide will ensue depends upon the strength of the revenge motive, which in his particular

patient was expressed by means of a murderous attack on the mother figure. The outcome, he says, was conditioned by the relative strength of projective and introjective mechanisms, murder resulting when the former, and suicide when the latter, predominate. Marie Bonaparte refers to the oedipal nature of the crime in which Mme Lefebvre shot her daughter-in-law in the presence of her son. She regarded her patient as psychotic, and said that the psychosis was due to regression to pregenital stages which had set in at the menopause. Alexander refers to jealousy and an unconscious reaction against passive homosexual impulses.

Only one of my patients was clearly psychotic, and in addition there was one border-line mental defective. I am aware, of course, that even the murderers who appeared to be sane contained within them important split-off parts of themselves which broke loose and were violently projected, resulting in murder. This internal catastrophe followed by violent action with the subsequent restoration of a kind of intra-psychic equilibrium was referred to by Wertham as the cathymic crisis.

The patients described in this paper were serving life sentences at Wormwood Scrubs prison, and to avoid repetition I will give an outline only of what I said in my 1958 paper about difficulties in carrying out treatment under the special conditions which prevailed there.

Visits to the prison took place generally only once a week. In order to make the best use of the time available each prisoner kept a diary, immune from inspection by prison officers, in which he wrote out dreams and associations. In certain cases methedrine was given intravenously on one or more occasions to evoke a life history.

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959. I should like to thank Her Majesty's Prison Commissioners for their permission to give this paper, and to state, as required by them, that they do not necessarily share the opinions expressed.

These extra-analytic devices seem quite undesirable, and had I any choice in the matter I should have confined myself to the standard technique of psycho-analysis even in the prison. Nevertheless the challenge had to be met, despite the many intrinsic difficulties in treating men whose freedom was so curtailed.

I had been treating other prisoners at Wormwood Scrubs for 2½ years before I was asked to take on men who had been convicted for killing other people. The words of a retired detective-inspector from Scotland Yard, in his autobiography, made me ponder upon the difference between murderers and others, including other criminals. Most people, he said, can behave in a way that shocks them so that they would wish to deny or disown such behaviour (that is, to bring in repressive forces), but only very few have locked within themselves desperate furies which in certain circumstances can burst forth and result in the savage destruction of another human being. He also says that on the whole such murderers have hitherto led apparently blameless lives.

This statement shows a wise layman's differentiation between repression and splitting processes. That the blameless lives were so only on the surface will be shown later in this paper, but the detective-inspector was making observations which from his perspective were sound. The desperate furies can remain cordoned off within the personality for years, but usually they can erupt at a time of stress or illness. It will be shown how this eruption often takes a suicidal form before finally reappearing as a murderous attack upon another human being. The choice of victim is far from simple, as will be seen from the case material. Two cases will be described at length; material from five others, though space does not permit of its inclusion, is in line with these descriptions.

Case 1. Bill was 26 years old when he was convicted for the murder of a middle-aged woman, to whom he was giving a lift in his lorry. The story was that he attempted to rape her and she screamed, so he strangled her and disposed of her body. He had been imprisoned for rape and attempted rape several times before, and he was sent to me because there was such a repetitive pattern about his crimes. Bill was singularly honest, and gave me the feeling that he was bewildered but searching for truth and understanding. The complex tangle of conflicting impulses within him was baffling, and his direct aim in coming to therapy was not a desire for early release on licence but rather for relief from anxiety. He was the

eldest of many children, the next being a brother, 1½ years younger. Bill had been a voracious feeder after a bad start, as he was premature, and mildly asphyxiated. Soon, however, breast feeding failed. His brother and several younger siblings had far better feeding situations. At the age of 7 he was evacuated because of the war, and after several moves finally settled down in a billet where the foster-mother showed gross favouritism to his younger brother and was very hostile to Bill. On return to his own home he apparently adjusted quite well. His mother says that he was slow, perseverative, and peculiarly determined, but that he was loving towards her. With puberty, however, came difficulties. He made sexual advances towards three of his sisters, and then tried to rape a girl of 14. When he was 17 he tried to rape a woman in a railway train, but although he was convicted of rape, he did not really commit it, as the woman yielded to him and helped him to have intercourse with her. He felt guilty and persecuted and thought that she must be laying a trap for him, so he broke away from her, and afterwards she gave evidence which led to his conviction. Later there was another charge of rape, and one of attempted rape before the murder.

Early in treatment he related to me the following important childhood incident. When he was 6 he found a turtle-dove wounded beyond recovery, and tried to kill it to put it out of its misery. He failed at first, and the bird looked at him with surprised reproachful eyes, the sight of which he has never forgotten. Eventually he drowned the bird, but the eyes still haunt him. He can feel guilt and sadness that he destroyed the creature which was injured but which he did not hate. His first assaults on women with a view to rape were not accompanied by conscious desires to kill the women, although he was aware of a hunting impulse to track them down inexorably and subject them to his will. After his second conviction, however, he began to think of killing a woman. During treatment he discovered that he had three types of phantasy which occurred simultaneously. In the *mild* phantasy the woman would appear to be waiting for his approaches, would welcome them, and all would be happy and loving. In the *intermediate* one there would be a show of resistance on the part of the woman, which he would overcome by firm force and sometimes threats, but in the end she would settle down to enjoy the intercourse and he would be filled with gratitude. She would then offer him her body freely and he would go all over it, exploring, touching, feeling, kissing, and even sucking. In the *murderous* phantasy, the third type, he would meet with resistance and refusal. He would then get very angry and would take action to immobilize the woman, and then after intercourse, in which no love would be allowed, he would torture and destroy her. In one phantasy he pictured a rape in which he killed and eviscerated a woman, biting off her nipples, amputa-

ting her breasts, and finally stuffing them into a hole he cut in her abdominal wall. Finally he felt that he would take her to a haystack in pieces and ignite the stack, burning and destroying all vestiges of the woman and of his attacks upon her.

In another phantasy he saw a baby at a woman's breast. He snatched the baby away and demanded that he also should suck and should be allowed to have intercourse, or else he would destroy the baby. He did not destroy the baby, but he did destroy the woman in this phantasy, by ripping her open, after raping her and stuffing the live baby into her abdomen.

As the treatment evolved I was able to show him that he had split his mother into a good one who gave him all that he desired and a bad one who deprived and frustrated him. His wish was to be given free access to his mother's body and to have possession of her breasts and the milk they produced. He tried to restore the early situation before rivals had appeared. In order not to damage the mother he loved, the good mother, he cordoned off or split-off the bad mother who remained inside him in isolation, but threatened to break loose and take possession of him. His crimes were committed when he was for one reason or another unable to maintain the splitting processes. His actions contained two main ingredients, the need to control and dominate the woman for his own gratification, and the impulse to destroy her utterly if he could not exercise that control over her. If the woman yielded to him, gratitude welled up within him and the destructive impulses were dissolved away for the time being. If she left him, refused him, or tantalized him, his destructive fury knew no bounds, and in it were powerful feelings of envy. The woman, representing his mother, was keeping to herself those pleasure-giving and feeding parts which he wanted as his right and therefore would take by force. Moreover, he would wreak such vengeance upon them that they would be of no further use to the woman herself or to anyone else—representing the siblings, or especially the father, towards whom he felt strong feelings of jealousy and rivalry. His desire to destroy the woman completely was not only to prevent his crimes from being detected, but also to prevent any reinternalization of the woman damaged beyond repair and therefore liable to become a powerful internal persecutor.

As a child it was easier for him to feel angry with and persecuted by his foster-mother, and less so for him to be depressed by the absence (loss) of his own idealized mother. Yet locked away within him was the image of his good mother, lost to him, damaged by him, and irreparable. The images, of course, stemmed from earlier life, but came to the surface while he was evacuated during the war. The damaged good mother was so badly injured, and he was so unable to bear the feeling of her presence inside him, that he began to have powerful feelings of persecution, and this exchange from depressive to persecu-

tory anxiety seemed to reach a crucial point when he was faced with the actual rigours of evacuation, with the physical absence of the real mother who was considerably idealized, and the physical presence of the persecutory and demonified foster-mother. It looked as though this exchange took place at a time when he felt very close to utter despair. He felt completely hunted and haunted by the object of his depression, and in the end switched from being hunted to being hunter, and tried to destroy the depressive object which had become so persecutory to him. What I am attempting to show is that the split-off damaged good mother and the bad persecutory mother are in the end one, and he was terrified lest his idealized mother figure should collapse utterly and merge with the bad persecutory mother. He had to protect the idealized mother from his destructive rage with her which arose because he felt that after all she *had* weaned him, and later banished him while some of the younger children remained with her. Whenever a victim was chosen, either for rape or for murder, the splitting processes showed considerable weakness. Especially during the rape incidents Bill showed signs of compassion side by side with feelings of great cruelty and destructiveness. Even when he killed the woman, he says that he felt the murderous resolve weakening, and an unwanted feeling of softness threatened to engulf him which he thinks was engendered by the warmth of her body.

Recently he told me that he had found a sixpenny piece tightly gripped by the dead woman. He told me months later about it because he wished to deny to me and to himself that he knew that the coin was intended as a reward for the lift which he gave to the woman. When he found it he was shaken by a sickening panic, as he understood for a fleeting moment that despite his attempts to blacken and demonify this woman she had had some goodness in her. She had been able to feel grateful to him for the lift and to give him something. This made him feel unconsciously that the projected image of the persecutory bad internalized mother did not quite fit his victim, but by then she was dead. For a moment he felt entirely bad himself. He wanted to give himself up to the police, and would have done so, but suddenly an idea struck him which enabled him in part to re-establish the splits in his ego and to isolate the persecutory internal mother. He thought that the sixpence might not have been intended for him, but as a bus fare had he not picked the woman up. This conviction was never held very firmly, but it did enable him to behave with some degree of cunning and so, at least for a time, to escape arrest.

What is so remarkable about this patient is the way in which he worked out his phantasies in great detail. I think he was really very depressed and persecuted by the image of a mother inside him, most frightfully damaged and almost unbearable. In some ways the acts of rape had in them elements of

reconnaissance. His penis sought out the inside of a woman to find out what was there, damage, babies, or father's penis. In a dream, in which he was committing an act of rape, he found beneath his victim's clothing a penis, and on seeing this he wakened in terror. This dream shows that the whole situation is coming into the transference. I am the victim who has a penis, but also it is thought that he did look for the penis inside the woman with his probing, rooting-out penis. This is in line with much homosexual material which appeared later. Of course he was trying to find the breast also. His approach to rape was always by means of a demand. If this were granted by the woman without hostility towards him, it indicated that the object representing his mother, and being in fact a projection of the internalized mother, was not damaged so frightfully, and that she had still the capacity and willingness to give to him.

We are now in a position to add a further point to the elucidation of the complex tangle of processes which had been going on in Bill before he finally selected a particular woman as his victim. It will be remembered that the bad foster-mother was the woman with whom he had been billeted during part of the war. He said she had piercing eyes and also a peculiar tic in which she wound her hair round and round with her left forefinger. The woman he murdered had an appearance and facial expression similar to that of the foster-mother, and also a similar hair-winding tic. He said that he did not notice this until the day he murdered her, but he had given her lifts in his lorry before, and I think that these similarities were decisive in his choice of that particular woman as his victim. I enquired whether he could remember anyone in his infancy or childhood with such a hair-winding tic. Eventually he remembered that it was the brother next junior to him, who was the good-looking and popular one, with whom he was evacuated. This brother was idealized by the bad foster-mother during evacuation, but much earlier had already displaced Bill from the first-born's complete possession of his mother. He remembers nothing of this, of course, but he does remember an attack of almost uncontrollable anger during their sojourn with the bad foster-mother. He had missed his brother and looked for him, only to find him returning to the farm, riding triumphantly on the back of the farmer's large horse. He asked to be allowed to ride too, but the farmer refused to let him; such treats, he said, were reserved for particularly good boys. Bill found it extremely painful to feel jealousy and envy towards his brother during the period of evacuation. Apart from the fact that he loved his brother and felt protective towards him, the two boys had to hang together as they were at school among a group of hostile village children. Early experiences of jealousy and envy have not yet become clearly revealed, but it is certain that the experience of being hated by the foster-mother during

evacuation and of being treated so differently from his brother deepened and extended the splitting processes, particularly as he was unable to express jealousy and envy in the open.

There were times when he felt extremely persecuted by the image of the much damaged mother inside him, and yet did not think of killing a woman, nor did he try the manic device of converting a persecutory to a pleasurable situation by means of rape. On these different occasions he resorted to serious suicidal attempts. In one of these he tried to drive a lorry at top speed into a rock or tree. First he deliberately removed the speed control mechanism, then set out to where there were likely to be few people about to disturb his attempt to destroy himself. At the last moment he was intercepted by military police and the attempt failed. He half obeyed and half defied their order to stop, and in the end was injured but not killed. When convalescent from this incident he attempted to rape a girl and was convicted. Not insignificant is the fact that at the time of the suicidal attempt, when he was overseas, his mother was about to have a baby. The attempted rape occurred after he knew that the baby was a brother. It appears that all his attempts to rape were anxiety-driven, desperate attempts to remedy an intolerable internal situation by action which repeated a highly symbolic pattern of behaviour. These attacks on women, I think, may well derive from early phantasied attacks on the pregnant mother, her baby-to-be, and her whole reproductive apparatus including her breasts.

The anxiety-driven nature of Bill's crimes probably stems from a tremendous fear of being hunted down and destroyed by his persecutory internal objects, and in particular by the enormously damaged mother, the internal depressive figure whom he could not tolerate. The murder, and to a lesser extent the phantasies of murder, gave him temporarily an extremely powerful manic triumph over his victim. We are forced to the conclusion that, especially in the case of Bill, though possibly less so in the case of the other murderers, the deeds do not represent merely the acting out of impulses, but more than that, the projection and dramatization in action of the whole internal situation upon the external world, in an attempt to mitigate the extremely threatening and painful admixture of guilt and anxiety. The peculiar alternation of compassion and destructive cruelty, which at times became quite rapid, giving the impression of co-existence, suggested that Bill was almost able to reach the depressive position, but too great a quantum of persecutory anxiety flared up, and each time the depressive position was by-passed so that instead of reparation an act or phantasy of destruction occurred whenever he came near to the depressive position, and in fact he never negotiated it. This may be at the core of the repetitiveness of his behaviour. Certainly in the course of treatment he has become increasingly

depressed. A recent phenomenon which he recounted to me will illustrate how rapidly depressive feelings can become persecutory to him. For the first time in his life he has been unable to sleep at night, and this is because each time he shuts his eyes he sees the face of the woman he murdered with eyes bulging out towards him accusingly. Each time he shuts them with his fingers they open again, however often he does it. These eyes, reminding him of the turtle-dove he killed, of his mother's eyes, and of my eyes, show how persecutory the depressive figure can be. The turtle-dove, itself the very apotheosis of love and gentleness, had its eyes forever closed by him because he could not stand the sadness their gaze evoked in him. Inside him, however, they have remained forever open, relentless, accusing, and persecutory. But also there is the compassion to be explained. There is an identification with the turtle-dove (representing the essence of the good mother) in that before his prison sentence he was a talented crooner, thereby getting almost as near as he could to an imitation of the sound of the turtle-dove. He alone of his family croons.

Before the rape in the train he had been through an intensely homosexual phase in which he was passive and submitted to a man who was physically very big and overpowering and who dressed him in woman's clothes and gave him presents. The man told him that he must adopt a girl's name when they were together, and Bill chose the name of Carol which he later realized was his mother's name, and which also links back to the crooning and to the turtle-dove. It was when the active homosexual lover was extremely brutal and callous towards him that a sudden switch took place from a passive to an active role, and in his behaviour he showed quite clearly that he had incorporated all the cruelty and callousness of the man with whom he had had homosexual relationships and that this man's penis was represented inside Bill. It was at this juncture that he began to have phantasies of killing a woman. It is, of course, realized that this man must be a late representation of an infantile prototype. The precise nature of the early history has not yet been delineated, but in the transference it has been seen to be of great importance.

A recent dream gives a further clue to the understanding of the internal situation. He dreamt that he was looking at the face of a woman which was misty and blurred. It was a nice face, and as he looked at it he said to himself, 'I like her and I do not want to murder her'. As he said that, the mist cleared away, and as it did so he saw that he was looking into a mirror, and was shocked to recognize that the face was his own.

During phases of intense depression he has felt that the woman he killed is no longer dead but that he has seen her walking in the prison grounds as a visitor. He knows that this cannot really be so. There may be elements of wishful denial of his guilt in this almost frantic delusional reparation as the

depression becomes more and more intolerable. More powerful, I think, however, is the transference in one aspect of which he is beginning to identify me with the woman he killed, and thus bring into the situation the whole internal constellation of persecutory and depressive feelings, of which the actual murder was but one sinister outcrop. Recently it has become evident in the transference that he has reduced the split between the idealized and the demonified internal mother. At last he has been able to express hostility to me both in dreams and openly, as a result of which he went through a phase of anxiety lest I should not come to the prison to see him. After one session in which he wanted to reject my interpretations, particularly related to the destructiveness of his greed and envy and his complete lack of real concern for me representing the mother, which he warded off by extreme passivity, he began to swell up alarmingly. Soon he was completely distended from head to foot with a severe attack of angio-neurotic oedema. When I next visited the prison I had to see him in his cell. In that session he remembered an important occasion during evacuation. Being unable to tolerate the criticism of the bad foster mother he ran away, intending to find his way to London and get home to his mother. He did not get far, but a hue and cry was raised and he was chased by many villagers as if he were an animal. He was lightly clad, as the weather was hot, and he plunged, half in panic and half with the idea of being a hero, into an enormous bed of nettles. He was stung from head to foot, and the severe swelling which ensued became so alarming that his mother had to be brought from London to see him. After this session the swelling subsided very rapidly; in fact, before the end of the session he said that he felt less tense in both mind and body. At the beginning of the next session he told me that he had just realized that the rape and the passive homosexuality were going on at the same time, and that it was he who carried out both these activities. He had not felt this before, and hitherto had never felt that he was one person. He stated that he felt dismayed but more whole.

Why some people commit murder and others do not is a difficult question to answer. The case of Bill shows that the strength of impulses and the capacity to resist them are not the only factors of importance, but it seems that some tremendous conflict of life and death in the inner world of the potential murderer can be no longer tolerated.

For a time, often for many years, it appears that token destructive actions or even conscious or unconscious phantasies without action suffice to preserve some sort of internal balance, albeit a most precarious one. Eventually, however, a state of imbalance occurs and an intolerable internal persecutory situation becomes projected outwards violently upon a victim. Certainly in the case of Bill the victim represented the depressive object, which had become

so unbearably persecutory. When action finally supervenes, the moment of crisis is a discharge, and in it is some gratification, albeit a transient one, but that moment, though important of course, is but one cog in the preloaded wheel of fate.

That the act of murder in the case of Bill was preceded by suicidal attempts suggests that the internal persecutors are sometimes attacked inside, or can be projected outside the self upon the victim. It is realized, of course, that suicidal attempts have many other determinants in addition to those just described.

Whether the attack is upon internal objects in a suicidal attempt, or upon an external object, upon whom the internal situation is worked out, may well depend upon the upsetting of a complex dynamic equilibrium between life and death forces. It is not possible, however, at this stage, to sort out that situation to a satisfactory extent, so the subject will be left at present with only this brief reference.

Case 2. Tom was a highly intelligent man of 26, serving a life sentence for shooting a shopkeeper who tried to prevent his escape after he had stolen, at gun point, pornographic literature and pictures. The pictures were of sexual activities, both normal and perverse, and showed prominently exhibited breasts and genitals. Tom was a ship's cook, married and with one son. Sexual relationships with his wife were not good, and he had indulged for some time in compulsive sexual orgies with prostitutes and compulsive masturbation, especially in relationship to phantasies and pictures of women in various sexual poses. He drank and smoked a great deal.

As a child Tom lived on an isolated farm, with his father, who was cruel but moralizing, and his mother, who was kind but sluttish. His only sibling was a sister 1½ years younger than himself, of whom he was very fond. Tom was an active boy with both destructive and constructive sides to his behaviour. He was breast-fed, was rather a greedy feeder, and later was difficult to wean. Early in boyhood he was punished a great deal by his father, who was quite old enough to be his grandfather. His mother, however, who was quite young, failed to protect him from his father's savage anger and beatings; indeed she even reported him when he was destructively naughty, an action regarded by Tom as a gross betrayal. Sometimes Tom was punished for sexual activities with his sister, which were then quite trivial, but which later on came very near to actual intercourse. That the beatings were cruel and severe has been confirmed in writing by Tom's mother and sister independently. Often he was bruised from head to foot. At times Tom would admire his father, especially for constructive work, and try to propitiate him by taking out his sister's toy cooking set and preparing two fried eggs for him in the fields. He always felt that his father was aware of him as a rival. Beatings seemed to provoke petty thefts, and these led to further beatings, so that a vicious circle was

set up which culminated in attempts to run away. After several such episodes, Tom was taken before a juvenile court, and as his parents stated that they could not control him, he was sent to a foster-home many miles away. There he lived from the age of 9 to 13. He felt very depressed and rejected. After a time, however, he began to idealize his home. When he returned home, his hopeful attitude was soon shattered. His father still alternated from threat to action and from action to sentimental moralizing.

Before Tom was sent away, all the family slept in the one and only bedroom: he and his father slept in one bed, his mother and sister in the other. Soon after puberty he had sexual intercourse with girls, activities he described as casual. He was never sadistic. He was proud of a penis which he considered oversized. He stated that he would repeat and repeat intercourse without any real relaxation, rather in the same way as he masturbated.

When he met his wife, the courtship was conventional and inhibited, and after marriage he seemed to enjoy with his wife only the activities he had indulged in with his sister, foreplay, cunnilingus, and fellatio. Sexual intercourse was completed only when he was drunk. He was never cruel: on the contrary, his wife complained that he was too gentle. It would appear that there was a strong latent homosexual component in his personality which was partly expressed in his career as a cook, but was still precarious, so that when too great and too obvious success in a feminine role was achieved, he became acutely anxious. One example of this was when he was given a catering job in the prison, which he did so well that everyone praised him. He then felt compelled to take up weight-lifting in order to make himself more manly. He also tried to lower his voice by an octave. A second example will be given when I speak of his criminal episode.

After his son was born he began to go out with prostitutes or to indulge in repetitive masturbation while looking at pictures of women, of primal scenes, and of perversity. He even managed to perform autofellatio. The birth of his son stimulated jealousy and also forced the role of father upon him. Both in this situation and in that of his crime later it seemed as if some split-off parts of himself had come together, and that acting out took place to prevent this occurring to a catastrophic extent.

The build-up leading to the crime began with Tom's promotion, after which he became extraordinarily anxious, despite the pleasure he obtained from the vote of confidence in his ability as a cook. He felt that he absolutely had to get pictures, so he obtained a revolver and went to the shop, with which he was already familiar. He ordered all the pictures the shopkeeper had, took them, refused to pay for them, and held up the shopkeeper with the revolver. Tom had injured his foot just after being promoted, and it was in plaster at the time. I want to stress how greatly this episode of robbery and murder contrasts

with the general picture of Tom as it emerged during the course of treatment. I have already pointed out his lack of overt aggression in his sexual relationship with his wife: in the prison his record has not only been completely blameless, but on the contrary very constructive. As a child, when beaten by his father, he never hit back. On one occasion his father ordered him to kill a nest of field mice, which he refused to do. His father stood over him sneering, and threatened to beat him if he did not kill the mice. Tom then obeyed his father, trying to hide his tears. A similar incident arose when Tom was ordered to drown some puppies. Some years later, when he was told to shoot the mother dog, he categorically refused. Superficially Tom presents the picture of a kind man who was never aggressive to men or women. One occasion only gave a foretaste of the crime to come. Just after Tom's sister had reached puberty, her father beat her brutally. Tom had heard that beating a girl at this time might damage her for life, and he picked up a shot-gun and threatened to kill his father, ordering him never again to beat the girl. The father obeyed, and thereafter did not beat Tom again either.

It is impossible as yet to give a clear picture of the psychopathology of this case, partly owing to its complexity, but largely on account of the difficulties with sessions so infrequent as once a week, and stretching over only three years. The anxiety about Tom's promotion as a cook must have stimulated a number of difficulties. In particular I would suggest that it too greatly stimulated his envious omnipotent feminine phantasies; also there was a greatly increased need for Tom to assert himself as a man. In the course of this assertion, the sight of so many pictures of women stimulated his greed. At this moment the aggression and revenge towards the father broke loose, and expressed itself violently in the murder. He himself says that had the shopkeeper not reminded him of the father of his childhood coming up to beat him, he would have shot the man in the leg to immobilize him instead of killing him.

I have quoted the case of Tom in order to show the depth of the split between the sadistic murderous part of himself and the rest of his personality, which was so gentle, constructive, and inhibited.

During treatment Tom has tended to idealize me, and to recapture an intellectual relationship which he had with his father. In prison he has concentrated on constructive work, at which he has become highly skilled. For the treatment to be effective it is essential that the deeply sadistic, destructive, and murderous split-off part of himself should be dealt with most thoroughly, and fortunately there are signs that the idealization of me in the transference is breaking down.

According to the detective inspector whose words were quoted earlier, this man's previous life would have been blameless, but it will now be seen how the perverse interests, the compulsive activities, both

heterosexual and auto-sexual, all form part of an external dramatization of his inner world, and the murder which he was led inexorably to commit was but one facet of a coherent pattern.

Although it has been possible to describe in this paper only two out of the seven murderers I have treated, enough hints have been obtained to enable me to suggest that there is a pattern or syndrome which is to be seen in murders. Variations, of course, occur, but the same basic ingredients are nearly always present.

There is an enormous quantity of persecutory anxiety, but this must not blind us to the surprising amount of compassion which is also present in some murderers. Suicide is often not far away, and it appears that in some the depressive position has been evaded but narrowly. I am aware that it may appear that I am stressing the depressive elements at the expense of the persecutory component, but I do so because, hitherto, the depressive elements have not been sufficiently recognized. It is upon the presence and relative strength of these depressive elements that the possibility of successful therapy so much depends.

One of the prisoner-patients who contained within him the possibility of murder, but came to treatment without having killed anyone, kept a chart of his mood swings. He classified his moods as follows: happy, normal, depressed, angry, murderous. It is significant that when depressive anxiety became unbearable it was felt to be acutely persecutory and made him first angry and then destructive. In him the internalized depressive figure, the mother, injured beyond repair, was intensely frightening. He had made a serious suicidal attempt as a child.

The murderous act is seen to be but the visible part of an iceberg with the much larger portion lying submerged beneath the surface of consciousness. As the cauldron of conflicting material became more baffling, with compassion and the most destructive deeds dwelling so closely side by side in the same individual, deeper understanding was obtained by turning to the work of Melanie Klein. In particular, the delineation of persecutory and depressive anxieties, the avoidance of the depressive position and the vital role of splitting processes, together with the importance of the destructive quality of envy, enabled some reconnaissance to be made into the inner world of the murderer. It is thought that further progress will be made by means of the application of Freud's theory of life and death instincts,

as developed by Melanie Klein, to the study of the murderer.

Unfortunately at present there are considerable technical difficulties, in that, as stated at the

beginning of this paper, these murderers had not the advantage of formal psycho-analysis, which I think is essential if further progress is to be soundly based.

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SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS¹

I. A PSYCHOTIC OBJECT RELATIONSHIP

By

S. LEBOVICI, PARIS

The mothers of schizophrenic patients, particularly of infantile schizophrenics, have been the subject of many psychopathological studies, but it is difficult to believe that they could provide any unambiguous description of structure. Diatkine, in his contribution to this symposium, shows that the genesis of the psychotic relationship is not only linked with the personality of the mother, but also to certain decisive moments and to the effects of evolutionary disharmonies on the mother herself.

The chief importance of the psycho-analytic study of psychotic children lies in the way it puts us in contact with a world of fantasy, which the child is able to verbalize, even though suffering from particularly complex fixations. It has thus become customary to speak of psychotic structures, to reach a clinical definition of psychotic defences, and to speak, therapeutically, of a psychotic transference.

Defence mechanisms in the child cover a much wider field than that of projection. The most interesting defences to study, at least from the point of view of the genesis of personality, are those which it is customary to describe, in the terminology of the English school, as projective identifications. The study of psychotic defence mechanisms and transference leads us inevitably to the study of psychotic object relations. Psycho-analytic observation of psychotic children has afforded a detailed insight into the fragmenting nature of the relationship to the fantasized part object. Incidentally, the psychotic transference is so impregnated with fantasy that a child can express itself with facility, the confusion between fantasy and reality being itself an aspect of the psychosis.

But we believe that the material available as to the role of the mother in psychotic object relationships is inadequate. Any study of communica-

tion within the object relationship must, of course, deal not only with that of the mother to the child, but also of the child to the mother. Clinical studies of the mothers of schizophrenic infants are very poorly documented as compared with the psycho-analytic material we possess thanks to the analysis of their children. We are lucky to possess a fragment of the analysis both of a psychotic child and of his mother. We shall describe briefly Sammy's case history and part of his analysis, and then that of his mother, which was undertaken later by the same analyst. We shall then present a schematic comparison of the psychopathological structures of both mother and child.

Sammy

This boy was 9½ years old when he came to Paris, referred by Dr Margaret S. Mahler.

The father was a painter who had come to work in Paris. The mother, who had previously had four years of analysis for alcoholism, reproached herself for lack of maternal feelings. After normal pregnancy and a long and difficult labour, Sammy had to be kept in an incubator for two weeks. He refused the breast and was fed by nurses. His mother did not see him, and appeared to feel no regrets.

The parents were living with the father's parents where the father's old governess looked after Sammy: he was a 'good' baby who never cried, but who showed no interest in his food. Sammy's mother took charge of him when he was two months old. The father was then doing his military service. The mother found Sammy a nuisance and was irritated by his anorexia and his stereotyped rocking at night.

From the age of 2 to 6 Sammy was brought up by a French governess. We cannot go into his biography in detail, but we should point out

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

that the child never approached adults spontaneously and had exhibitionist tendencies. Up to the age of 6 he had shown no interest in toys: he would stand in front of a mirror and tell stories to his hands. It had not proved possible to send him to school, although he could not tolerate solitude. Psycho-motor development was, on the whole, normal. His speech development showed a marked syntactical retardation.

Fragment of the Analysis of Sammy

Sammy's treatment lasted about one year, at the rate of five sessions a week. (Treatment was carried out by Mme McDougall under our supervision.) It consisted for the most part of a desperate struggle against an oedipal situation experienced at a pregenital level, within a particularly intense transference situation. To be more precise, the oedipal situation was more 'oedipified' than authentic. We have coined this term to cover the following situation: with the progressive maturation of his nervous system, the child gradually introduced the paternal image into the partial binary relationship to the maternal object. The father became the support of the child's projected frustration, and the child could not fail to suppose that the father was looking for precisely those pregenital satisfactions of which he himself was deprived.

This oedipified situation led sometimes to a homosexual fixation on the paternal image, but more frequently to a profound regression which expressed the patient's projective identifications. Such was the case in some of Sammy's tragically poetic imaginings, or in the fantasies where he proposed a fusion with his analyst in the abyss: God was uniting them in the hereafter: were not he and she both fragments of God?

Thanks to the patient work of the analyst, who had to keep a strict watch against any conversion into action, she was often able to interpret the fear of annihilation induced by the child's oral aggression. After this fragment of analysis there was a relative reduction of the psychosis, but a serious state of depersonalization still persisted. Sammy left in order to go to a specialized school in the United States.

Fragments of the Analysis of Sammy's Mother

Some months after her son's departure, Sammy's mother consulted the psycho-analyst who had treated her before, and asked for a further analysis which lasted approximately one year.

From amongst the biographical details sup-

plied, we shall select those dealing particularly with the period after the death of her mother, when she was 17. The mother would beat her frequently, but also organized her first flirtations. After the mother's death, she was involved in many of her father's flirtations, and began to drink in the course of her excursions.

The patient's transference seems to have been essentially paternal in character, but the emergence of homosexual fantasies led to the development of a maternal transference on a phallic woman, with whom she had a basically masochistic relationship, centred on fantasies of oral incorporation.

This seems to be the decisive factor in understanding the genesis of psychotic relations in the child. A considerable period of this analysis was concerned with masochistic and oral fantasies, and Sammy seems to have been the victim of these same fantasies, very much as if his mother had tried to reproduce with him the privileged, masochistic relationship she had experienced with her own mother, without being able to prevent herself from endowing them with an erotic character. The oral fixations of the mother were also indicated by her alcoholism. The oral components allowed her to establish a guilt-free contact with both the paternal and maternal object.

In the first place alcohol provided a global, oral pleasure: 'I feel the need to drink from 5 p.m. onwards. . . . As soon as my guests arrive I rush to give them a drink: I myself prefer to drink directly from the bottle. It's the same with cigarettes: I can't enjoy them at all if I use a cigarette holder' (seventh session).

Also from an early session: 'I feel as if I were behind a wall. If I drink, it's to make the wall disappear, but then I find myself behind another one. . . . Now I am faced with another difficulty: I'm not interested either in painting or in classical music, which were my first contacts with my husband.' Thus her oral fixations were at first utilized to remove the guilt attached to her oedipal relationship to her husband, but they were equally fundamental to the equilibrium of the patient's ego structure: drinking allowed her to talk and feel at ease: drinking also allayed the tensions arising at the level of the buccal cavity. These oral fixations, also highly charged with aggression, were expressed in fantasies of incorporation, as shown in the following dream fragment: 'My husband is offering me a dog biscuit which he holds between his legs. I jump up and catch it as if I were a dog.'

A considerable portion of the analysis now led to the interpretation of alcoholism as a means of incorporating the husband's penis: 'Having an empty stomach is just like having an empty vagina.' Naturally this fantasy of partial incorporation of the penis, notwithstanding its aggressivity, is also highly charged with guilt: 'It's particularly when I have my periods that I feel the need to drink. I feel it protects me from intercourse.'

We must also say something about the material provided by the mother with regard to her child: its image appears intimately involved in the oral fantasies described. In the analysis we find Sammy usually kept at a distance by his mother and considered as a thing. Sometimes, however, she identified with him projectively. She was relaxed when she had been beaten by her mother, and felt the same relaxation when she had beaten her son.

There was an obvious identification with the phallus she desired, and she dealt with it as with alcohol, both of them replacing the absent mother. She was, incidentally, in constant fear lest it should be transformed and thus escape her, just as the pleasures of alcohol would fail her if she gave up drinking.

We have dealt at greater length with this portion of the mother's analysis than with the

analysis of the patient himself. The material collected in the course of the child's analysis is undoubtedly valuable, but since we are studying the genesis of a psychotic object relationship, it seems more important to insist on the strange oral elements in the mother and her fantasies about her son.

Within the limits of this short paper we have, therefore, tried to compare the organization of the personality of a mother and her psychotic son, by means of two fragments of psychoanalysis. The mother's method of dealing with alcohol, to which she was addicted, and with her son, followed in both cases the lines of her struggle against the Oedipus situation, against the 'oedipified' situation, and against the pregenital relationship. The child was identified with the father's penis incorporated by the mother.

We do not wish to affirm that the child's psychosis was established solely in response to the disturbances in his mother's attitude. But it is clear that his oral aggression, cathected in such a situation on a mother who induced such a sense of guilt, could not fail to become predominant. We show in the attached schema how the fixation of the relationship to the maternal object, a partial object of projective identification, also served as an anaclitic pre-object in the

A PSYCHOTIC OBJECT RELATIONSHIP

COMPARISON OF STRUCTURES

THE MOTHER

(according to material collected during analysis)

1. Existence of an oedipal triangulation
2. Marked oral 'voyeur' elements
'voyeur'
exhibitionist } in the drives
3. Significance of successive manifestations of oral elements
 - a. Holding the object at a distance
 - b. Global pleasure and feeling of relaxation
 - c. Expression of aggressivity

Against the genital mother image (drinking with father) → Oedipus

Against the pregenital mother image (drinking is eating the incorporated penis) → 'oedipification'

Against the pregenital mother image (drinking is to incorporate the breast) → pre-oedipal relationship
4. Significance of Sammy-object:
 - held at a distance as a thing
 - object of projective identification †
 - object of aggression
 - identified with paternal penis incorporated by the mother †
5. The cathexes:
 - importance of oral aggressive drives
 - discharge by a primary process
 - oral cathexis of language

SAMMY

(according to material collected in analysis and the elements of transference)

1. Existence of a labile oedipal triangulation
2. Marked oral and aggressive elements
voyeur-exhibitionist } in the drives
3. Significance of oral elements
 - a. Aggressive approach to object
 - b. Importance of oral fixations
 - c. Expression of ambivalence towards partial object

oral incorporation of the good object → 'oedipification' (equivalence with incorporation of penis/breast)

guilt at devouring the object (the good object becomes the bad object) → 'oedipification'
4. Significance of mother-object
 - object dangerous because oedipal
 - partial object of projective identification
 - anaclitic pre-object in struggle against annihilation
5. The cathexes:
 - importance of oral aggressive drives
 - discharge by primary processes
 - oral cathexis of language

struggle against annihilation. This schema can, however, only indicate very broadly the infinite subtlety of its transformation within the object relationship.

These hypotheses do not depreciate the

importance of phenomena impeding maturation in psychotics. They simply underline the importance of simultaneous and systematic study of mother and child in order to understand the formation of psychotic structures in the child.

SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS

II. REFLECTIONS ON THE GENESIS OF PSYCHOTIC OBJECT RELATIONSHIPS IN THE YOUNG CHILD¹

By

R. DIATKINE, PARIS

Our understanding of the psychoses has made remarkable progress during the past forty years. Attention was first directed to specific aspects of the psychotic ego, and the deterioration of the reality function. These descriptive researches into personality structure were indispensable. It was justifiable to enquire how one could differentiate clinically between a psychotic and a patient suffering, say, from homosexuality or fetishism, when they presented analogous thematic material in the course of treatment. But it was essential not to let the individual dynamic, or 'drama', fall into the background, only to be referred to for form's sake, or clinical psycho-analysis would have fallen victim to the same major infirmity as has affected other contemporary psychiatric systems. Clinical work has therefore come to be centred more and more on the study of object relations, which includes the libidinal and aggressive cathexes, anxiety and ego-defence mechanisms, both in their development and in their encounter with the activity of the cathected object.

Psycho-analytic treatment of children and adults has shown that certain special modifications of object relationships may be observed at a very early age, even if the psychotic symptomatology appears only much later. It is therefore legitimate to consider the origin and nature of such anomalies. And this compels us to envisage a number of theoretical problems, still subjects of discussion amongst psycho-analytic theorists. Thus the relationship between object and instinct still provokes considerable controversy. The existence, for instance, of a period in the life of a child, during which the mind is not yet organized, is still disputed by some theorists.

We are always obliged, in fact, to combine three lines of approach:

(i) The reconstruction of the past by studying the change of structure which leads, at the phenomenological level to the elaboration of memory-screens or imaginative products of the same value. We must point out the antinomy arising between the position of the analyst, as such, during analysis, where everything is accepted as if the subject had really experienced all that he relives in the transference, and his role as research worker, who must concern himself with the genesis of these screens.

(ii) Direct observation, as practised, for instance, by Spitz, who has in fact taught us a great deal on this latter point, by insisting, for instance, on the organizing role of object relationship when it is finally constituted in the eighth month.

(iii) Catamnestic study combined with the early psycho-analytic treatment of children suffering from severe disturbance in the evolution of their personality. In so far as such observations can be continued for many years, they permit a synthesis of the material supplied by the two other methods, by presenting an array of facts whose significance must be considered.

It is to this aspect that our work has been directed of recent years, within the larger framework of a study of speech disorders and psychomotility, directed by Professor de Ajuriaguerra. We have followed the cases of eleven children who displayed precocious disturbance of object relationship, of a sufficiently serious nature to hinder their speech development.

Disturbances in Early Object Relationship

There are primitive disturbances which prevent the formation of object relationships at the normal age, that is, towards the eighth month. Children suffering from such disorders resemble

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

those whom Kanner describes as suffering from 'early infantile autism'. We shall give a brief review of one of these cases.

Dominique² displayed no anomaly of development up to the sixth month. He was born at the normal term after a normal gestation, the only obstetric incident being a torsion of the umbilical cord which would not have affected the child. Breast-fed, he sucked well and his weight increased normally; he smiled at 2 months. From 7 months onwards a chronic rhino-pharyngitis developed without disquieting physical symptoms (neither somnolence nor convulsions) which led to vomiting, loss of appetite, and soon to a general deterioration in health. His mother noticed at the same time that he had lost interest in her, but only became alarmed at this a few months later. At 18 months a tonsillectomy was carried out, with good effect on the child's physical health, putting an end to his feverishness, anorexia, and vomiting. But the anomaly of behaviour became all the more startling. Although his motor development did not slow down—he could walk at 14 months—Dominique displayed a total lack of interest in his surroundings, showed neither pleasure at seeing his mother nor unpleasure at not seeing her, and his indifference extended to everything that was not an object susceptible of manipulation. He had naturally no desire for communication and there was no sign of speech.

As often happens in such cases, he was at first assumed to be deaf, but more careful examination showed that there was no impairment of the senses, and that it was, in fact, a disturbance of libidinal cathexis. At the age of 2 he presented a clinical picture similar to that described by Kanner, and we shall only stress a few further points.

(a) There was a discrepancy between the evolution of his instinctual biological behaviour and that of his libidinal cathexes. At 7 months he had not only lost his appetite, but also all forms of interest in his mother. Unfortunately we were not able to observe this evolution, which seems to have been critical, since in this very rare and special case a disturbance of appetite, occurring at a most unfortunate moment, prevented the transformation of the pre-object into a truly cathected object, to return to the terminology used by Spitz. But tonsillectomy at 18 months restored the normal appetite, whereas Dominique did not appear to re-cathect his mother until much later.

(b) Between 2 and 4 years Dominique displayed a very special form of activity. His apparent lack of interest in the animate beings in his environment did not preserve him from anxiety. At about 2 any change of scene provoked spectacular crises of anxious agitation, a classic symptom in such cases. Similarly he displayed a growing interest in the

formal aspect of things (another equally classic symptom). He could solve the most complicated puzzles with dexterity. And as soon as it was possible to examine him, it was clear that his intellectual development was very atypical. He was in advance of his age in everything to do with motility, perception, and constructive activity. He had a remarkable perception of shapes: but the shapes were for him devoid of all significance, apart from the pleasure to be derived from rebuilding complete figures, stopping holes, filling in missing parts, and rediscovering identical objects. The narcissistic aspect of this need for completeness appeared most fully in the subsequent phase. For the moment it is sufficient to remark that the development of Dominique's motor-perceptive apparatus allowed him a normal recognition of shapes, but that instinctual disturbances prevented him from bestowing on any one of them the special value of a cathected object. He lived in a perfectly perceived world, but one as devoid of meaning as an abstract painting composed without inspiration.

(c) This desert-island world of Dominique's early years resembles the equally meaningless world of precociously psychotic children who, far from isolating themselves, display both interest in and affection for others, but with a total lack of differentiation embracing their parents, strangers, objects, the furniture, etc. This lack of discrimination, in spite of a normal motor-perceptive development, has an identical significance.

(d) The further development of Dominique's history is very instructive. At the age of 4 there began a re-education of his speech, based on his perfect recognition of shapes. This re-education compelled him to associate graphic signs with the movement of the lips. At this period, when experimenting with mirrors, he discovered the human face, an experience which transformed his whole way of living. His gaze travelled from the lips of his teacher to her eyes, then to the whole of her body. He looked at his parents for the first time, without however showing either pleasure or anxiety. From then on he made rapid progress, speech developing quickly in a form that was from the beginning highly evolved. But for a long time he described himself in the second person, being unable to make a perfect identification of 'I', 'your', and 'he'. He was particularly interested in numbers and in geometric forms with which he played all day, combining them in an increasingly complex way.

This transformation of Dominique's life also changed his clinical picture. The absence of object cathexes shown in his early years was replaced by a psychotic object relationship. Psycho-analytic treatment, which started at the age of 5 and which has continued for four years, has allowed us to perceive its development.

² The case is reported in greater detail in 'La Psychiatrie de l'enfant,' in: *Les Troubles de langage dans les*

psychoses infantiles précoces, ed. Ajuriaguerra, Diatkine and Kalmanson (Paris: Presses Univ. Franç., 1959).

At the beginning of this new relationship Dominique expressed himself with the help of numerous abstract shapes, combinations of figures and geometric forms. It soon appeared that this quest for abstraction concealed a very acute fear of fragmentation, bound up with a sado-masochistic representation of the primal scene, together with the now classic fantasies of the incorporation and rejection of the partial object as described by Melanie Klein.

At the same time the child's behaviour altered: the parents found that he paid more attention to their presence. The anxiety crises provoked by changes of scene gave place to a ritualization of his life, which became, however, easier.

The Origin of Psychotic Relationships

We must examine the genesis of these fantasies, whose existence could only be ascertained from 5 onwards, after a long period characterized by the absence of any communication. It might be supposed that these fantasies were only expressed at that age because the child had previously had no means of expressing them, but that the anxiety caused by the fear of fragmentation had already been the basic cause of his autistic behaviour—behaviour that had served as a defence mechanism from the age of one. Such a hypothesis would be based on the theory which states that partial objects are a projection of the life and death instincts, a phenomenon which occurs irrespective of the state of the subject's motor-perceptive system. It would clearly accord with the interpretations one gives to such children of the anxiety that reappears in transference.

But as a scientific explanation this hypothesis cannot be said to be entirely satisfactory. And it might be more profitable to consider the facts, which tend to show that this fragmentation anxiety and the fantasy of the primal scene were only constituted when the process of identification had begun. The fantasy of the partial object only becomes an 'organizer' of the personality when the total object has been actually constituted, which, in Dominique's case, only occurred between the ages of 4 and 5. His knowledge of shapes permitted the child to discover tardily the image of his own body, identical with that of others. (He was not interested in his own image in a mirror until the age of 5; previously he gave the impression of just not seeing himself.) The moment the shape of the human body took on meaning for him, the oedipal triangulation

appeared, also the fantasy of the primal scene, and he became capable of employing the personal pronouns correctly. In his struggle against the anxiety which was thus given shape, the child utilized his former methods of understanding as defence mechanisms. Bodies were transformed into geometric shapes—polygons whose sides he compressed until he obtained a triangle, which would itself have disappeared had the game continued. He would then start all over again, visibly affected by the risk he had just run. Persons were designated by numbers, according to associations and plays on words which he was quite willing to explain.

It seems more in conformity with fact to assume that in the first period the child had been in a pre-object state of organization and that the psychotic object relationship was only established later.

This hypothesis, incidentally, allows us to differentiate the autism of precocious infantile psychoses in the cases we have studied where the object relationship is set up at the normal age. But in such cases the subject is characterized by his inability to tolerate the inevitably frustrating nature of the relationship, either because he is not equipped with necessary means of elaborating his defences, or because the behaviour, firstly of his mother, and then of both parents, prevents an adequate identification which would enable him to struggle successfully against anxiety.

We cannot describe here all the forms assumed by psychotic object relationships in children. Lebovici³ gives, in greater detail, a characteristic example. It is enough to recall that in certain children psychotic defence mechanisms appear prematurely—as in the case of the child described by Lebovici—whereas in others there is an anxiety which infiltrates all the libidinal cathexes, in spite of the appearance of apparently neurotic symptoms, and indicates that sooner or later there will be a re-formation of structure along psychotic lines.

Here we shall only discuss the problem why the object is always so frustrating to such subjects. It might be supposed that it is due to the behaviour of the mother, or because of some inadequacy of the motor-perceptive equipment, or even because certain temporary conditions have supervened at a particularly unfavourable moment. But it must be stressed that the object is frustrating from the moment of its organization. We must in fact contrast the first months

³ S. Lebovici, 'Consideration sur la relation d'objet psychotique,' *Rev. Franç. Psychanal.*, 23; trans: 'A Psychotic Object Relationship,' *Int. J. Psycho-Anal.*, 41.

of life with the end of the first year, not only as concerns the existence or non-existence of an ego and an object, but also with regard to the level of instinctual organization in question. In the first three months the infant has an instinctual behaviour towards its food comparable to that described by the ethologists. Given a certain neuro-humoral state, certain stimuli provoke a series of phenomena, during which the subject passes from a state of need to a state of quietude. We consider it to be an objectless state, since the stimuli need not necessarily assume any particular form, and also because their action is intermittent, and inoperative during the period of quietude.

During the object period, that is to say, at the end of the first year, the object creates a state of pleasure in the infant by its presence, and a state of anxiety by its absence, thus replacing the former states of quietude and need. We know, from the analysis both of children and adults, that the pleasure derived from this relationship is oral in character. But we cannot completely assimilate the oral cathexes of the object with alimentary activity, since the mother in reality is not and cannot be incorporated. This is the reason why the instinct we observe in psychoanalytic practice can never be totally assimilated to primitive instinctual activities, where the satisfaction of need can completely relieve the internal tension. The object, due to the displacement of libido which constitutes cathexis, is

by very definition frustrating, and libidinal cathexis is destined by nature never to be totally satisfied. The permanence of the object, as opposed to the discontinuous action of the primitive stimuli, makes the child pass from the discontinuous to the continuous world, but all its free activity will consist in protecting itself from the catastrophic reactions provoked by the loss of the object. We know that every motor-perceptive activity can be used in this way, thanks to fresh displacements which will serve to enlarge the subject's interest and increase his range of knowledge. Speech plays the greatest part in such activity, firstly because the child can thereby express its wishes, but above all, thanks to the prefigurative and reassuring value of being able to evoke the object through words.

This evolution cannot take place normally unless there is free play for the cathexes and displacements, and this supposes that environmental conditions are not too atypical and that evolutionary disharmonies do not impose too much stress. If conditions become bad, the ego may itself take on a disharmonious form with an intensely narcissistic cathexis of certain activities at the expense of others which will not be acquired. As in the case of Dominique, who is a typical example, retardation of object formation is followed by a totally psychotic valuation of a formal, abstract system, which is the sole means by which the child can maintain any relationship with its fellows.

SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS

III. PERCEPTUAL DE-DIFFERENTIATION AND PSYCHOTIC 'OBJECT RELATIONSHIP'¹

By

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When we speak of 'Object Relationship in Psychotics' or of 'Psychotic Object Relationships' we must re-define and vastly broaden the concept of 'object-relationship' as the term was originally used in psycho-analysis. In the original, Freudian sense, object relationship meant a person's endowing another human being with object libido. In this sense object relationship is the most reliable single factor by which we determine mental health on the one hand and therapeutic potential on the other. In contradistinction to object relationship, we used to speak of relationships of a narcissistic nature.

Object relationship develops on the basis of differentiation from the normal mother-infant dual unity, which may be designated as the phase of symbiosis (22, 34).

The phases of the development of object relationship were described by a number of psycho-analytic authors. To mention only a few: by Anna Freud (6), who distinguishes the earlier phase of the 'need-satisfying object' from the later phase, in which object-libidinal cathexis of the mother—as a whole person—becomes independent of satisfaction of instinctual needs; when it becomes highly specific, and attains mutuality and consolidation, and by Hartmann (16), who speaks of object constancy.

Development of object relationship is paralleled by differentiation of an object as well as a self (19). Differentiation of the body-image, in particular, conveys to the child a sense of separateness and individual identity (24, 14). This separation from the object occurs through processes of libidization and *partial* identification. Bak (1), Greenacre (12), Hoffer (18), and others contributed to our understanding of the libidization processes which seem to be the

basis for perceptual activity of the ego and formation of structure. I have described and emphasized in earlier papers (27, 23) what appears to me to be a *first* and important step towards perceptual activity and eventual perceptual-emotional integrative capacity of the ego, namely, the progression of the libidinal cathexis from the internal organs, the viscera in particular, towards the periphery, the 'rind' of the body-self. Freud (9) stated: 'Perception may be said to have the same significance for the ego as instincts have for the id.' Libidinal cathexis of the body and the human love object paves the way to that kind of fully developed object relationship which is the attribute of the mature ego and which moves parallel with the attainment of genital primacy, as Freud pointed out.

It is obvious that if we speak of 'psychotic object relationships', we abandon such stringent definitions. We must broaden and enlarge the concept of 'object' as well as of 'relationship'. In the broadest sense, then, we may speak of anything as an object which, in a field of interaction, physiologically or otherwise, impinges upon the organism *in utero* or in extrauterine life, as its environment. This broadened concept of object versus subject is necessary, and may prove invaluable in research into earliest ontogenetic development, as well as for the deciphering of some of the enigmas of psychosis. We must learn from modern ethology as well as from those workers who, to my mind, correctly emphasize that in earliest development physiology rather than psychology shows us the way.

Recent research into physiological interactions between foetus and mother and neonate and mother, such as that of Greene (15), elucidates some of the vascular-respiratory

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

² Cl. Professor of Psychiatry, Albert Einstein College of Medicine.

rhythmic interreactions of the mother-foetus and mother-neonate dual unit. According to Greene's observations and hypothesis, the key configuration or gestalt which causes the subject to become eventually aware of (to perceive) the object is this compatible rhythmicity. It renders the perceptual experience predictable. It would seem that early incompatibilities may contribute to early failure of libidinalization processes. This may be one of the factors at the root of regression to psychotic levels of object relationships in Winnicott's sense. In his paper 'Transitional Objects, Transitional Phenomena' (36), Winnicott described how optimal use of transitional, *inanimate* objects facilitated autonomy of the ego, whereas too rigid adherence to, or substitution of, transitional objects in lieu of human relationships may be the first and reliable sign of later pathology.

The phenomenon which more or less overtly is common to all psychotics, is the blurring, if not complete failure, of distinction, of affective discrimination of the social, the human object world from the inanimate environment. In some cases we find lack of or very tenuous emotional contact, phenomena of estrangement, complaints of derealization only. In cases of acute severe psychotic breakdown we find de-animation of the human object world with concomitant animation of the inanimate environment. Between these two groups of cathectic derangements there seem to exist fluent transitions. (Compare, e.g. fetishism (13, 14).)

The following passage from Mme Sechehaye's patient Renée's autobiography (33) graphically describes the subjective experience connected with the last-mentioned group of animation-dehumanization processes: 'I was (as) if frozen. I saw . . . each thing separate . . . detached from the others, cold, implacable, *inhuman* by dint of being without life. These people—became void . . . Mama I perceived a statue, a figure of ice which smiled at me. And this smile, showing her white teeth, frightened me.' Renée goes on to say: "'Things" began to take on life, suddenly the "thing" sprang up . . . the stone jar . . . I looked away, my eyes met a chair . . . a table . . . they were *alive* too,—"things" have become more real than people.' In other words, as in Schreber's *Weltuntergang* experience (11), or as in the case of my young patient George whom I described in 1957 (24), one could reconstruct this acute, step by step failure of the perceptual integrative capacity of the ego, which is eventually relegated to becoming the passive victim of the defused, rapidly de-neutralized

instinctual forces. The ego tries to ward off the onslaught of the two sets of stimuli from without and from within by a number of psychotic mechanisms, described in earlier papers. The outstanding mechanisms are massive denial, displacement, condensation, and *de-differentiation*. Complex stimuli, particularly those demanding social emotional response, are massively denied, autistically hallucinated away, so that ego-regression may not halt before a level of perceptual de-differentiation at which primal discrimination between living and inanimate ('*proto-diakrisis*' of Monakow) is lost. I have described how 7-year-old George gradually lost this perceptual faculty of his ego at the sudden loss of the symbiotic possession of his mother. I described his bizarre preoccupations, his feverishly seeking to find beer barrels near the brewery where they lived, in order to touch and feel their surface. He attempted to recapture, to mend with this primitive tactile perceptual experience the broken tie with his pregnant mother's body. In his case, as in those of some other psychotic patients, the steps of this de-differentiation demonstrably contain the elements of de-humanization, de-vitalization of the human living object-world, including the patient's own body-feelings, and relative animation, quasi-humanization of the inanimate environment. The phase in which his world appears populated with hallucinatory-delusional projections of preterhuman introjected objects is only one (better known, because conspicuous) phase in this regression of the psychotic (compare Bychowski (3, 4)).

It would seem that the uncanny, unpredictable acts of destruction, of cold, seemingly unemotional, yet calculated violence are based upon this fateful regression, this psychotic defence mechanism of the ego, which, because of its *perceptual* capacity disintegrated, becomes reduced to that degree of passivity *vis-à-vis* the instinctual drives which, according to David Rapaport (28), characterizes the ego in earliest infancy. In this regressed state the impulse is experienced as a compelling command which continually threatens the disintegrating ego from within. This ego experiences outside stimuli, acceptable only if they are simple, soothing, and predictable, and do not require active and complicated emotional response. The more complex, variable, and unpredictable sensory stimuli are, the more threatening they become. Stimuli reaching the rapidly fragmenting ego from the living object world are much more complex, and

seem to be much more dangerous. They seem to conjure up the demoniacal inner impulses (personified often as tormenting introjects). The psychotic child, as well as the adult, is often tormented by murderous impulses which are triggered by stimuli coming from residual human 'love objects'.

Eight-year-old George, upon returning from his weekend visits at home, would imploringly say to me: 'I'm afraid of killing my mother. I have ideas of killing her, and these thoughts upset me so! That gives me bad feelings in my head. It makes me so upset when I am home. Doctor, you are supposed to take that out' (23).

Ten-year-old Alma's psychotic alienation from reality could be traced to the age of 4½, when (suffering with measles complicated by pneumonia) she was hospitalized and thereby separated from her mother. She did not become acutely psychotic before the age of 10, however, after seeing the film 'Snow White and the Seven Dwarfs.' She heard a voice saying: 'Strangle your mother! Strangle your mother!' At 14, in the hospital, she wrote to her doctor: 'Maybe then . . . when I saw "Snow White and the Seven Dwarfs" somehow I was the witch and fed the girl the apple. Maybe, somehow, I wanted to get my mother out of myself by strangulation and at the same time strangling and punishing myself, killing Snow White. All I know is after I, after the voice said "Strangle your mother" . . . I felt weirdness. Then I was not afraid of myself any more. But for a whole year I constantly threw up . . . maybe subconsciously was strangling myself, or was it the witch or was it mother or was it Snow White or was it the mice that Ma killed . . . I imagine it was me. After a few seconds I felt different.'³ From then on, Alma acted and behaved in a mechanical, robot-like fashion interspersed with episodes of catatonic agitation.

Whereas Alma's own description could be cited to demonstrate the de-vitalization, de-animation struggle against all elements of the social living object-world, including her own self, I should like to cite briefly the cases of 6-year-old Barry and 7-year-old Betty, to illustrate the compensatory or restitutive *animation*, 'machine-ization' of the inanimate object-world. Barry, who had an I.Q. of 170 or more, had to be hospitalized at 6 years of age, when with clever purposefulness he went about applying a drill to the temple of one of his classmates in order to look into his head to see if the little boy had any

brains. Barry appeared a strangely detached, brilliant little boy—whose mother had suffered postpartum psychosis—and intermittently had episodes of (probably schizophrenic) depression. During these episodes she would keep Barry in the double bed beside her in a semi-darkened room. These episodes occurred in Barry's second year of life. Whenever the little boy whimpered or fussed, his mother, in order to keep him occupied, would throw various picture books to him. Barry's father had great hopes and ambitions for the little son; he drew and taught the alphabet to him at about the same time. At 2½ the toddler shocked and surprised the adults by citing cautionary sentences he had read in magazines. He read and understood big words in the dictionary and talked with the vocabulary of an adult. On admission, this intellectually so superior and very precocious boy acted with peculiar lethargy, had no emotional contact, and spoke a private language. He seemed to live in a world which he called the 'Underground land' which was populated by animated quasi-personified symbols. In this world people communicated by sign and gesture language. For example, they indicated maturity by lowering their eyelashes; they indicated emotions by changing the colour of their skins, and so on. Barry would talk to you only about his underground people, of whom he was the master; and his only display of emotion manifested itself when one tried to pull him away from the land of the underground people. (He later on, in an unemotional tone of voice, parroted what he must have heard his father say, namely, that his mother had no love for him, and that was the reason, Barry said, that he preferred and loved the underworld people so much.) In other words, Barry was somehow aware that his substitution of the human object-world for these self-created creatures was due to the failure of his primary love relationship. Barry has annihilated the real people, by drawing all the libido from their representations and substituting for them delusional creations.

In rare cases, the steps taken by the ego regressively to counteract the murderous impulses can be reconstructed after years of analytic work. The analytic treatment of Betty, a 7-year-old child, had been preceded by so-called release therapy with a noted child psychiatrist, who had succeeded, when Betty was 4 years old, in luring her out of her mutism which she had maintained from the age of 3 years on. At the end of the

³ I owe this material to William Cox, Jr., M.D., of New York.

second year of analytic treatment, Betty started spontaneously to enact and demonstrate in a peculiarly emotionless way the release therapy sessions of five and a half years before. She set 'the stage' which was set for her by her previous psychiatrist in order to express and 'abreact' her hostile feelings and impulses. Betty, in the typical way of the psychotic child, had not repressed but remembered minute details of how she wanted to bite off her brother's penis, push him in the river.⁴ After re-enacting all this, Betty paused, and then, in the same recitative voice, remarked: 'And isn't it sad for a little girl to do all that to her own brother?' Still, to a child, like Betty, the difference between life and death—that is to say, rendering things inanimate which had been alive—does not mean emotionally the same as to normal people. Betty attributed to the dolls of my doll collection all the emotions she thought their features displayed. These were constant and predictable features, whereas the emotions of living people she tried to, but could not, decipher. This was a child who wanted desperately to identify with people by mimicking them, by learning their emotions. For weeks she would greet me by asking: 'Do I look sad today? Please say I look happy. . . .' Somehow she expected that my saying she looked happy would impart to her the feelings of happiness. Betty struggled against any unsolicited activity on the part of people in her environment. In her analytic sessions, she would fly into a rage whenever I tried to deviate from my role of a puppet whose strings Betty pulled. Betty had concretized and believed in the transfer of emotions and thoughts.

This concretization was characteristic of a particular adolescent, Teddy, who also believed I knew his thoughts, and whose idea of transfer of emotions and of strength were expressed in his delusional system. He had the idea and fear of losing body substance, of being drained by his father and grandfather, with whom his body, he believed, formed a kind of communicating system of tubes. At night the other, the father-grandfather part of the system drained him of the 'body juices of youth'. Survival depended on who was more successful in draining more life fluid from the other, he or the father and grandfather part. He invented an elaborate heart machine which he could switch on and connect with his body's circulatory system so that he would never die. This much for Teddy's de-animation and concretization defence. Betty's

self-boundaries and identity were equally blurred, her self became fused with whomsoever she was with. She expected, and believed, for example, that I concretely took part in her thoughts, intentions and feelings—that therefore I could give them and take them away. She expected the same of her mother. Around Easter, Betty had come home from the park bringing two twigs which she arranged crosswise and then asked her mother what she thought this was. Her mother answered: 'I guess it is a cross.' Whereupon Betty began to whip her mother furiously, crying all the while that her mother deliberately hurt Jesus's feelings, that she ought to have acknowledged it was *the* Cross to which He was nailed and which, according to Betty, her mother knew. I took this up in Betty's analysis, and it turned out that there had occurred a number of psychotic vicissitudes to the sado-masochistic fantasies of the child. She employed in particular massive denial, condensation and displacement. The crucified Saviour's likenesses, which Betty had seen in church, and their miniature replicas on sale, she endowed with animation (life). There was (self-)identification with Jesus, and a condensation of the cruel persecution of and martyrdom suffered by Him, as well as her own suffering attributed to her mother's 'meanness'. Condensed sado-masochistic impulses were acted out in the above-described concrete way (5, 2).

Betty's rage and panic reactions, for which she was brought to analytic treatment, concerned inanimate objects with which she was incessantly and at first lovingly preoccupied. As time went on, they became alive and persecuted her. She had first accused her brother of robbing her Japanese garden arrangement, then the contents of her beloved jewel box. At a later stage she had delusions and frank hallucinations about these things coming towards her at night. Her most persistent persecutor became the animated waste paper basket. It may be of interest that this psychotic idea is still present with Betty now that she is in her twenties and has succeeded in encapsulating and somewhat distancing (isolating herself from) the psychotic areas of her personality.⁵ (From adolescence on she had been in analysis with a colleague.)

Only object-relationship with the human love object, which involves partial identification with the object, as well as cathexis of the object with neutralized libidinal energy, promotes emotional development and structure formation. Only libido which is neutralized by human 'object-

⁴ Noteworthy also was Betty's failure to repress affect-laden situations of the past, similar to the case of Stanley (26).

passage' becomes de-instinctualized enough to be available to the ego.

In this short contribution to the panel on 'Psychotic Object Relationships', I have described and brought a few short clinical illustrations of the mechanism of dehumanization and re-animation, to which the disintegrating ego regresses in quest of adaptation, when its perceptual integrative capacity fails; an ego which has become the passive victim of the deneutralized, defused drives, particularly of the unmitigated destructive impulses. In a recent paper, Elksich and I (5) have described psychotic mechanisms which we felt were infantile precursors of the influencing machine described by Tausk in 1919 (35). We described such a case, Stanley, in whom similar de-differentiation and quasi-equation of animate versus inanimate was at work. De-differentiation, in Stanley's case, was based upon massive denial of percepts, of stimuli coming from the *outside world*. In the wake of this kind of negative hallucinatory psychotic denial, inner percepts, saturated with aggression, gain ascendancy. These inner excitations cannot be denied; they force themselves into the sensorium. In order to cope with these proprioceptive-enteroceptive stimuli the psychotic ego tries to de-differentiate, to de-animate them. Emotions are equated with motion via perception of motor innervations and are also equated, it appears, with mechanical movements. These inner sensations of one's own

body and other life-phenomena are projected and confused with machine phenomena. The ego's split into an intentional part and an experiencing part is frequently clearly discernible. The body image seems thus mechanically put together in a mosaic-like way, by fragments of a machine-like self image. As the psychotic child—like the normal one—sees the world in his own image, in the psychotic child's reality all objects take on the same machine-like, praeter-human quality that their own body image has. Betty at first identified her own body-self with the Japanese garden and, via the jewel-box, with the waste paper basket. At the next stage she projected her own de-animated aggression-saturated self image onto these objects and felt persecuted by these animated objects.

In summary, I should like to point out the lasting validity of what Freud regarded as the essential criterion for psychotic break with reality: namely, the slipping away of the libidinal *human* object world (11). We can only rarely observe but can often reconstruct the pre-psychotic struggle, the desperate efforts of clinging, of holding on to the human object world. Psychotic object relationships whether with human beings or otherwise are restitution attempts of a rudimentary or fragmented ego, which serves the purpose of survival, as no organism can live in a vacuum and no human being can live in an objectless state (29, 30, 31, 36).

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SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS

IV. ANNIHILATION AND RECONSTRUCTION OF OBJECT-RELATIONSHIP IN A SCHIZOPHRENIC GIRL¹

By

DECIO SOARES DE SOUZA, RIO DE JANEIRO

The clinical material on which I wish to base some suggestions about psychotic object-relationship concerns the case of a girl of 2 years and 10 months who, failing to work through a depressive situation, went on developing more and more regressive defences which pushed her into schizophrenia. This is certainly not new since Melanie Klein taught us about the relationship between the paranoid-schizoid and depressive positions. Klein (3) emphasizes that when paranoid feelings are too strong the individual cannot stand the burden of depressive feelings. 'For if persecutory fear, and correspondingly schizoid mechanisms, are too strong, the ego is not capable of working through the depressive position. This forces the ego to regress to the paranoid-schizoid position and reinforces the earlier persecutory fears and schizoid phenomena. Thus the basis is established for various forms of schizophrenia in later life.'

The case is as follows. L. was 2 years and 4 months old when her sister was born. In the last months of her mother's pregnancy she was prevented from getting on to her mother's lap on the grounds that the mother could not stand her weight. Until then L. had been the only child and the only grandchild.

Breast feeding was interrupted after only a month for lack of milk. Apparently she accepted the bottle without much trouble. Sphincter control started rather early—around 6 months. When L. was a year and 4 months, she was saying short sentences and she was getting more and more independent. Her mother is a bright person, very affectionate, who falls easily into depression. The father, younger than his wife, works as a clerk and displays a very obsessive type of personality.

When her mother came back from hospital, after the birth of the baby sister, L. received her with the

words: 'Now you haven't got the baby inside you any more. The lap is mine.' In the following months her difficulties increased with the new-born child, mother, and father. She became more and more aggressive towards her sister and her parents. At the same time she tried to put herself into her sister's place, asking to be treated like a baby. She showed terrible feelings of persecution, envy, and jealousy, with attempts at destroying the sister, which produced some sort of alliance between her parents to prevent her aggression against the baby sister. She felt lost regarding their emotional support. During the following weeks she sometimes complained of not being able to walk and at other times of not being able to stand up. Epileptoid convulsions followed, mainly in the evenings. She started biting her nurse, who was looking after her baby sister, and her own wrists. Some months later L. completely lost the control of urethral and anal sphincters; she was unable to learn anything else and was no longer able to handle objects. Her speaking capacity gradually deteriorated and finally was reduced to 'Hum, hum'. At the same time she lost the perception of her position in space among other objects to such a degree that she had to be protected to prevent her from banging against them. At the time when she started analysis she was in this regressed state. During these four months L. showed a first attempt to defend herself against the persecutory and depressive feelings connected with the loss of mother's lap—as a symbol of the total situation of loss and probably with the persecutory situation of having been deprived of milk during the first month of her life.

I treated L. according to Klein's technique of play-analysis for seven months. During treatment, she showed progressive improvement of her capacity for perception, bodily functions, and verbalization as well as the rehabilitation of the world of objects in her internal and external reality.

Taking her object-relationships as a sample of psychotic processes of schizophrenia going on in this

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

child, I shall now bring detailed material to show some of the meanings of her regression and subsequent progress.

In the first sessions L. showed a complete indifference regarding play. She used to hold the toys for a moment to look at them and then drop them. Her phantasy life was very inhibited. She followed me without any difficulty when I first took her to the playroom. She approached the table on which were some toys, picked up a woman and a horse together with the same hand and dropped them. I showed her that the woman and the horse were standing for mummy and daddy and the connexion between her dropping them on the floor and her being pushed down from mother's lap; that she was fancying I might be going to do the same to her. Although, apparently, she was not paying any attention to me or to what I was saying, the next moment brought me the first response to my interpretation: she picked up a cow and touched the cow's udder with her index finger. I pointed out to her that the cow's udder was standing for mummy's breast, and when she was bringing together the cow and two lambs, the lambs were standing for her and her sister trying to get to mother's breast.

The first sessions went on like this, giving us the opportunity to follow her persecutory anxieties underneath her lack of contact with me and with external reality. When L. repeats the attitude of dropping everything she grasps, she is showing that everything is changed into bad faeces inside her exactly as she had phantasied she had been treated by her parents. When I interpreted this to her she gave me two responses: the first was to try to revive mother's figure by taking a 'woman' and rolling it between her hands. The second was not to drop the objects, but for two or three times to 'put them on' the table. I realized that she was showing some concern for the objects.

The positive movement aroused by my interpretation did not last long; L. goes on dropping mother's and father's figures and houses, showing that she had failed in her attempt to change them from bad into good faeces and from hated into loved objects. When I insisted on interpreting to L. that she was feeling persecuted by the cow, the lambs, the horses, and the human figures, and everything she was grasping and dropping in that session, and that they stood for mother, father, sister, me, and other people she had got inside her and who had been changed into bad faeces because of her feelings of envy and jealousy, her response again shows a positive movement in which she tries to revive the dead people inside her, but she does not keep the reparative tendencies long. After the reparative rolling of mother's figure comes now a bit of a smile, a particular way of looking at me or some sort of oral communication, consisting in a kind of babbling. I went on interpreting these rudiments of verbal communication as much as the smile and the look as an expression of people inside her who were just coming alive. These first contacts

with L. made me realize how deeply she had regressed.

In the next weeks of treatment L. exhibited a large amount of persecutory feelings and phantasies mainly directed against the inside of mother's body and babies. She dramatized these attacks in many sessions through many ways of playing; sometimes she tried to cut her own tummy with scissors—sometimes she grasped a little bag full of marbles and then started dropping the marbles and emptying the bag. Sometimes she put these marbles in her mouth and bit them. I connected her very aggressive attitude towards mother's womb with her sister's birth and all her feelings of envy and persecution connected with mother's pregnancy and sister's birth. Because she was feeling so persecuted she was trying to defend herself against all the deprivation she had felt since then.

The other way she chose to express her persecutory anxieties about the mother's inside was a kind of play in which she used to get into the drawer full of toys and stay there the whole session, attacking the inside of the drawer with a ruler, her feet, and her urine. Session after session this type of play was repeated in a very obsessive way. Sometimes the play used to start with the ritual of moving up and down, right in the middle of the drawer, the little bag full of marbles. I interpreted this as a phantasy of controlling the way the babies get inside the mother and come out. I connected that with the phantasy of controlling her sister's birth and the coming in and out of my other patients, the play-room standing for my own and mother's insides.

At some other times we could see the attacks directed against her mother's breast. Very expressive in this sense is a bit of material in which, after playing with the bag and the marbles and after her phantasies of trying to get the babies out of mummy had been interpreted, L. approached me and put her right hand into the pocket of my shirt and then with her index finger tried to open my mouth, pressing down my underlip. I interpreted that I was standing for her sister and she was trying to see whether I had got mummy's breast and milk inside my mouth. After that, she picked up a jeep and broke down the windscreen which was divided in two parts and tossed it into the drawer. I explained to her that she was attacking mummy's breast, showing envy of that breast and jealousy because it had been given to her sister and became bad. That she was attacking the breast—windscreen—breaking it, destroying it because she was feeling so much deprived by her mother and sister, as much as she was feeling deprived by me when after the session she believed I was going to give my breast to other children. Next day she picked up the broken windscreen and gave it to me, as if asking me to repair it for her.

Another aspect of conflict L. showed in the first weeks of treatment was against father's penis. Once she was inside the drawer she started rubbing a horse against the drawer's edge until the horse's leg was

broken. Then she tossed it inside the drawer. At other times she used to dramatize her persecutory feelings connected with father's penis by bringing two pencil-points together and then breaking them both. At the same time as she acted out such attacks on the penis she used to utter a stereotypic 'Psa-psa'. I interpreted that as L.'s jealousy and envy of her parents' intercourse.

* * *

After some weeks in which L. attacked mother's inside by getting into the drawer, she did not approach the drawer any more. She started ignoring it, and it was left shut and untouched. One day when she arrived in the playroom just before the time of her session I was there and had opened the drawer. When she saw the open drawer she started shouting 'No, no' and very anxiously made for the drawer and shut it. I had by now interpreted a great deal of her persecutory anxieties and phantasies without much mitigation of the anxieties that were preventing her from approaching the drawer. I noticed that at that time she did not avoid the drawer and did not take flight from it, but she stood against the drawer as if to prevent its contents coming out. On the other hand, she had shown until then very few open feelings of depression and reparation in comparison with the strong feelings of persecution and open aggression described. When I realized that she had left inside the drawer all her good toys which she had attacked and destroyed previously, without showing any open guilt feelings about it, it seemed to me that by avoiding seeing and touching the drawer she was not defending herself so much against persecutory anxieties connected with destroyed objects and their coming up as persecutors, but predominantly against depressive feelings and anxieties connected with guilt for having destroyed them. I believed that the depressive part of herself, when she was not displaying guilt feelings for such destruction, was left inside the drawer with all the toys for whose destruction she felt responsible. Keeping the inside of the drawer as bad and avoiding it meant that she was trying to evade her feelings of responsibility and depressive anxieties connected with the toys' condition. In the transference, the drawer was standing for my body representing the mother and the attacked toys for the mother's breast and father's penis and the baby sister and other babies inside the mother's womb.

Words and Depression

At that time L. was showing a predominantly negative transference towards me, expressed by her saying as soon as I started interpreting: 'No, no'. She was behaving towards me exactly as she had been behaving towards the drawer: trying to keep my mouth shut. We can see here how much the visual perception of the destroyed objects inside the drawer was equated with the words coming out of my mouth when I was interpreting.

L. could not bear seeing the attacked objects, the perception of which would bring depressive and guilty feelings, as much as my words about her hatred and aggressive behaviour towards her sister, mother, and father. In the transference situation the words emerging from my mouth and the contents of the drawer were both the same object with her depressive self inside and the picture of destroyed parents, breast, penis, sister. Denying and annihilating my words meant, by projective identification, denying and annihilating the accusing words of her damaged internal objects.

There seemed to be a close connexion between her inability to use words herself and her inability to tolerate the insight and depression coming from the analyst's words standing for her internal damaged parents, as it came up in her play. The same problem was connected with the annihilation of her perception of the objects. On the other hand it seems to me that mother's words telling her about the baby inside mother's body were linked to L.'s envy and jealousy and depressing feelings of loss which, increasing her greed, had pushed her back into persecutory anxieties as the depressive ones became unbearable to her.

Working in this field Bion (1) has described a relationship between verbal thought and depression: 'Verbal thought is so interwoven with catastrophe and the painful emotion of depression that the patient, resorting to projective identification, splits it off and pushes it into the analyst . . . at the onset of the infantile depressive position, elements of verbal thought increase in intensity and depth. In consequence, the pains of psychic reality are exacerbated by it and the patient who regresses to the paranoid-schizoid position will, as he does so, turn destructively on his embryonic capacity for verbal thought as one of the elements which have led to his pain.'

When the analysis of her persecutory anxieties was progressing L. went on to reveal a greater capacity to feel guilt and depression during the sessions, as for instance on one day when she came to me just as I arrived, pressed her face against my genital region, and started babbling and crying, showing that she was mourning father's penis.

The Return of Verbalization as a Means of Maintaining an Object-relationship

In contradistinction to this phase in which L. was defending herself against verbalization (which reproduces what was going on inside her when she lost her capacity to stand depression) she showed later on, in her treatment, another phase in which she was very demanding as far as verbalization was concerned. By this time she had recovered from the sphincter disturbances and convulsions and had improved her personal contacts.

One day she started pointing with her index finger to objects around her and asking for their names, saying: 'Tis, 'tis'. She was reproducing the well-

known phase of the exploring index finger. I understood that she was asking for words to give names to these objects and to overcome the splitting between visual and verbal processes. On the other hand she was testing me in order to see whether or not I had destroyed the words standing for the objects inside me, as she had done. Very expressive of this situation was a session in which L. started drawing and asked me soon afterwards to draw for her. As I asked her what she was intending me to draw for her, she said: 'L.—mummy—some grown-up people'. I explained to her that she was expecting that Dad D. (me) might be able to bring together L. and everybody else in her family; that these people were split off inside L. as much as L. herself. And I went on enumerating all the people around her and parts of them like mother's breast and father's penis, which she had bitten and made into pieces as she had bitten her nurse and herself.

As I went on drawing, L. pointed with her finger at different parts of the figures, saying: 'the eyes, the mouth, L.'s eyes, mummy's hair', and so on. I believe that she was trying not only to bring together visual perception and verbal expression, but at the same time asking me to give her back 'as a whole', through drawing and verbalization, the people she had destroyed inside her.

Getting back the split-off parts, the words standing for objects, L. was showing that now she could accept depression and rebuild the objects inside and outside. In this case we see a condensation between perception and action, meaning: 'If I don't see I don't feel responsible for it—its condition is not due to my action' (speaking of the object). We see that the denial of the perception of the object is an attempt to deny responsibility for the object's condition.

At the beginning L. had great difficulties in bringing the syllables of words together correctly, but she soon started more and more integrated words, showing that the same was happening to her self. Her emotional attitude made it evident how much she was enjoying these renewed verbal games. Each 'Tis, 'tis' had the function of bringing together the visual and verbal perception and integration previously annihilated after the splitting and projective processes connected with persecutory feelings. By trying to link again visual perception and words, L. was reproducing through progression her previous ways of regression. When she tried to make splits between the visual contents, my words and her own ('Don't talk about that') she was showing that the same had happened when she split off her phantasies about the contents of her mother's womb with the attacked baby inside and its communication, in words, with her internal reality. The destroyed baby ceased to exist because the ways of expression to indicate its existence and its condition, the words, were annihilated. At the moment in which L. began looking for words it was evident that she was overcoming her difficulties in accepting depression. In the clinical material I could see at that time an open

expression of depressive and reparative feelings coming to the fore: she started crying, showing concern for the marbles—standing for children—when they were dropped to the floor, kissing them, dramatizing pregnancy by 'eating' the marbles and sexual intercourse by taking 'gynaecological' attitudes, in contradistinction to the time when she had no concern for the objects that were equated to faeces.

The preservation of the words and the possibility of them being given back to her meant, in the transference situation, the preservation by me, standing for her mother, of the baby she believed she had destroyed in her mother's womb and which was now being given back to her alive. This came up many times during the sessions.

More trust in her internal parents' goodness brought her more confidence in her capacity for reparation and in her own capacity to endure guilt. This increased capacity of accepting guilt connected with attacks against the objects inside the drawer—womb—and outside (sister, mother, and father) and the assurance about her reparative capacity connected with her internal good parents, brought back to her the previous capacity for making use of words: rebuilding a world of whole objects both in her internal and external realities. From the point of view of object relationships, this meant a step from partial to whole objects, from persecution to guilt and reparation, and from splitting to integration. The clinical material at this time showed a better identification of L. with her mother and a stronger nursing attitude towards the baby sister. Thus, she would refer to her baby sister as someone who 'is in her cot'. Her mother told me that she was trying to hold her baby sister and to feed her. At the same time, she completely dropped her previous behaviour, with which she was competing with the baby sister. In the playroom, L. followed a more and more independent role, as for instance when she rejected any help during the play in which she was jumping from the couch to the floor, saying: 'No, no, alone, alone'.

This material points to the fact that the annihilation of the perception of the object and the object-relationship (drawer, toys, mother, father, sister, the analyst and the environment) as much as the annihilation of verbal communication and capacity for integration was related to the ego's integration and capacity for feeling responsible for the object's condition and facing the unbearable guilt connected with the depressive position as Segal (5) has shown.

We see, as Melanie Klein, Rosenfeld, and Bion have shown, that annihilation of the object that goes with the annihilation of parts of the self is a psychotic type of object-relationship. With splitting and projective identification, it shows

the psychotic paradox of an ego which, not being well integrated, in the same process of defence attacks some of its own functions in order to prevent something coming into perception that already existed internally. Freud (2) discusses

this type of defence in his paper 'Negation' in which he deals with a defence different from the preservation of the ego and the object, characteristic of repression and of a more integrated ego.

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THE USE OF PSYCHO-ANALYTIC CONCEPTS IN MEDICAL EDUCATION¹

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The use of psycho-analytic information in non-analytic fields has increased immensely within the past twenty years. Practically every area involving the study of human behaviour has availed itself of knowledge from this source. The degree to which this has occurred varies, but it has been especially noticeable in the field of medicine. Since psychiatry is the branch of medicine which deals principally with problems of mental and emotional disorder, it is understandable that psychiatry should have been most influenced by psycho-analysis.

We are all familiar with the fact that it was in the field of medicine that psycho-analysis met with particular opposition at the time of its inception. That there continues to be opposition is also true, but there is convincing evidence that it is much less now than formerly.

Freud, in a paper written in 1918 (1), discussed the teaching of psycho-analysis in universities. He pointed out that the psycho-analyst could function outside the university but that psycho-analysis had much to offer the university student, particularly the medical student with reference to 'the most absorbing problems of human life'. He commented on the function of psycho-analysis as a preparation for the study of psychiatry, and mentioned that in America at that time psycho-analysis was being taught in some medical schools. He concluded with some remarks about the limitations of teaching psycho-analysis in the medical school, emphasizing that the student would not learn 'psycho-analysis proper', but expressing the view that '... it will be enough if he learns something *about* psycho-analysis and something *from* it.' Finally, he pointed out that other specialities required additional training, with the implication that in order to become a psycho-analyst the student should plan for special study after medical school.

The place of psychiatry in the medical curriculum in the United States was distinctly minor until World War II. Since then there has been a marked change, with a great increase of interest and time allotted to the teaching of this subject. In 1951 and 1952 conferences were held under the joint auspices of the American Psychiatric Association and the Association of American Medical Colleges (2, 3). The reports of these conferences established certain basic principles regarding the teaching of dynamic psychiatry in medical schools. Of prime importance in these reports was the recognition of psycho-analysis as the mainspring of dynamic psychiatry.

The subject of psycho-analytic psychiatry as taught in medical schools in the United States since the War has been discussed by Szurek (4). He described the increase in interest in the subject and pointed out that the standards of undergraduate and graduate training have steadily risen.

In this paper I shall describe the teaching of psychiatry in one medical school at the present time. The programme will be described in some detail as to content and method of presentation.

At the time the teaching was started there were many questions and some misgivings regarding the possibility of teaching psycho-analytic concepts in a medical school setting. We began with the conviction that something more than didactic lectures was necessary, and from the beginning plans were made for small group discussions. Later, other changes were made.

Psychiatry is taught in each of the four years of the undergraduate curriculum. The medical school is relatively new, and it was possible to plan the teaching so that there is a close continuity in the work of the four years. There is a full-time teaching staff which is aided by a larger clinical staff. Most of the members of the faculty

¹ Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

are psycho-analytically trained, and all are dynamically oriented. The first year course is begun at the start of the first semester. It consists of seventeen two-hour periods. In each period the first hour is used to present, in a lecture form to the entire class, the material to be covered, together with appropriate demonstrations. In the second hour the class is divided into six sections of nine students each. This second hour is used for questions and discussion. The students are intelligent and interested. Their educational backgrounds are somewhat varied, but nearly all of them have completed four years of college work. Many of them have degrees in the physical or biological sciences, but an increasing number have degrees in the social sciences, and a few have majored in the humanities. The first year teaching staff consists of six professors, five of whom are training analysts. In the original planning it was agreed that this introductory course should be given by experienced teachers. It is in this course that the fundamental psycho-analytic concepts are first presented.

The work begins with a general introduction to psychiatry, including a definition and a discussion of the scope of the field. A brief reference to the history of psychiatry and the sources of dynamic ideas is followed by a discussion of the concept of personality and its development. After some experience we realized that the addition of demonstrations of live human subjects aided immensely in the teaching.

The mother-infant relationship is studied in detail, and it is at this point that the first demonstrations are given. In one session the mother on the obstetrical service with a 3- or 4-day-old baby who is considered by everyone who has seen her to have *least* wanted her baby is selected. She is brought to the lecture room, together with a nurse who holds the baby. The mother is interviewed: she is asked about herself, her background, home, husband, and general attitudes and interests. After fifteen or twenty minutes the nurse is asked to hand the baby to the mother. The students have previously been alerted to the importance of close observation of what the mother says, but especially to her movements, facial expression, and the way in which she holds the infant. After this the mother and infant are dismissed, and the students separate into groups. There the observations are discussed.

At the next session exactly the same procedure is followed, except that the mother who is selected is the one who everyone is agreed *most* wants her baby.

These demonstrations of mothers with contrasting attitudes towards their babies have been most effective. The students are able to perceive many differences in the behaviour of the mothers, often quite subtle ones. Discussion of the possible effects of the maternal attitude on the personality of the baby is encouraged. It is against this background that the concept of the libido theory is introduced. In subsequent sessions the several stages of personality development are discussed with appropriate demonstrations of parents and children, including sibling relationships.

Additional time is available in two other courses during the first year. One course consists of a series of correlation clinics in which patients are presented. For example, in the first such clinic, which is given after the subject of the anal stage has been studied, an 8-year-old-child who is suffering from psychogenic megacolon is shown, together with his mother. This is a child who had been sent into the hospital for surgery, but who, when examined on the pediatrics service, was found to be without any evidence of organic pathology. It was also discovered that he had never had a normal bowel movement. His mother had administered enemas or cathartics since infancy. There was, of course, a great deal more pertinent information. A demonstration of this nature is usually quite convincing.

The other additional course is called Family Medicine. In this the student is introduced to a mother with a young infant whom he meets in a well-baby clinic. He goes to the home, where he meets the father and other members of the family. He visits this family regularly during the four years he is in medical school. This has proved to be a first-rate laboratory.

After the discussion of the development of personality is completed the concept of psychic structure is presented. The dynamic concept of instinctual drive and mental mechanism is elaborated, together with a discussion of anxiety.

This brief factual description of the first-year work in psychiatry has not, up to this point, conveyed what we believe to be the most important and effective elements of the teaching and learning experience. To illustrate this it is necessary to describe something of what goes on in the small group discussions.

In arranging the groups a special point is made of including in each group at least one student who is married and has children. Much of the material which is presented to the class is familiar to the student, who is already a parent

when it is brought to his attention. In many instances in which a student has a question, or is sceptical, about some element of feeling or behaviour it is necessary only to ask the student-parent to describe what he has seen in his own children. Such information from a classmate is convincing and effective. The teacher in this situation is aware of the resistances that exist. He does not attempt to force the student to accept anything. He knows that there are differences among the students regarding individual capacity to consider this material. He knows also that it is possible to help almost all the students to relate the concepts to their own experience in some degree.

With reference to student participation, there is complete agreement among the teachers that no element of group psychotherapy is to be included. There are, of course, instances in which a student may need help, but that is arranged for outside the teaching situation.

As the work progresses the teacher is able to present material for discussion which involves such concepts as the unconscious, transference and counter-transference, primary and secondary process. The special importance of the more experienced teacher at this level is seen in many ways. For example, such a person is able to present ideas and concepts without resorting unduly to technical jargon. Only as the student advances are the exact technical terms introduced, and they are presented together with illustrative material and in such a manner that intellectual resistances are kept to a minimum.

Many of the students have previously had work which touched on the general subject, and almost always they are able to see the difference between a two-dimensional, purely intellectual approach and this one which adds some depth; the students often say 'a more human' approach.

The foregoing remarks apply to the work in the following years also. As will be described, in the later years the student often has even more individual attention, and the attempt is continued to help the student to develop some degree of objectivity about elements of an emotional and affective nature.

The second year includes work on psychopathology and the techniques of taking a psychiatric history and performing a psychiatric examination. The course in psychopathology has seventeen two-hour periods. The use of the time, however, is somewhat different. In each period a brief outline in the form of a didactic lecture is given. This usually requires about

twenty minutes. At the end of the lecture the class is divided into groups of six students, each with an instructor and a patient. In this setting the instructor interviews the patient and demonstrates the psychopathology. After about forty-five minutes the patient is dismissed and the remaining forty-five minutes are used for discussion.

Early in the work the students are encouraged to talk to the patient and to elicit information on their own. In this way they have the opportunity to see an experienced physician communicate with a patient and then they are gradually able to enter into the situation. After about two months of this experience they have further opportunity, in another setting, to deal directly with the patient in learning to take a psychiatric history and to perform a psychiatric examination.

The content of the second-year course deals with psychopathology and a study of the principal psychiatric diagnostic categories. The students learn something of the phenomenology of mental illness and the dynamic elements underlying it. The course starts where the preceding course ended, that is, with the study of anxiety. In this case, however, the study is more detailed. The students are shown the dynamic explanation of a symptom and the way in which symptoms are grouped to form the diagnostic categories. At first these are demonstrated in patients with psychoneuroses. Later the students see and work with patients who are psychotic and who suffer from personality disorders. In this work the student is constantly reminded of the close connexion with the details of personality development studied in the first year. Here again, as in the work of the first year, essential elements are worked out in the small groups. The students are introduced to hospitalized patients who are seriously ill. The teachers are aware of the anxieties usually engendered in people when they first come into close personal contact with such patients. The teacher is able to demonstrate that mentally ill people may be approached and that usually some degree of communication can be established. Gradually the student is shown something of the way in which the patient has failed in his development and in his attempts to adapt.

Such basic psycho-analytic concepts as psycho-sexual development, psychic structure and conflict, and fixation and regression become increasingly meaningful to the student. He begins to get some idea of the ways in which the body

may be involved in psychic conflict. And, perhaps most important of all, he begins to see something of the logic of the unconscious and that these patients are suffering from illnesses which may be studied and understood, at least in some degree.

I have not yet mentioned one important item in the programme, and that has to do with reading done by the students. A textbook, based on dynamic principles, is used throughout the four years.

Required reading in the first year is minimal, and includes work on the history of psychiatry, the origins of the dynamic concepts, and brief accounts of the development of personality and the mental mechanisms. It is possible, however, to remind the students of many things they have read in the past, in the field of literature, in which dynamic points are illustrated. Also, individual students with questions may be referred to specific books and papers in the technical literature depending on their interest in the subject. In this way individual students may read such works as *Psychopathology of Everyday Life* or *Three Essays on Sexuality*. These and other works may be appropriate for one student in the first year and for another in the third or fourth year. For some students such reading may not be appropriate at all. But in this way almost any of the classical papers may be recommended to the student who appears to be ready for them.

The work of the third year consists of two parts. First, the student works in the out-patient clinic in company with adults. At the beginning of the year the student evaluates patients and after three or four weeks selects a patient to follow in psychotherapy under continued supervision. Later he selects a second patient for psychotherapy. He spends one-half day per week throughout the year in this work. In some instances where the student has been interested, he has continued with a patient into the fourth year. The second part of the work in the third year consists of nine weeks, full time in a joint clerkship between psychiatry and pediatrics.

In the outpatient work there is one supervising teacher for each two students. With such a large number of instructors there is some variation in the way the teaching is done. As mentioned above, most of the members of the teaching staff are analytically trained. The following description is an illustration of the way in which the student is instructed regarding the application of psycho-analytic concepts. At the beginning of

the year the goals of the course and of the psychotherapeutic relationship are discussed by the instructor with the students. The goals are set forth as follows: (a) to enable the student to observe in ambulatory patients the existence of psychopathology; (b) to understand, and to develop skill, which will permit such psychopathology to emerge; (c) to formulate and test rational explanations for the understanding of the origin and meaning of such pathology, based upon psycho-analytic concepts—the libido theory, the importance of unconscious impulses and feelings, the concept of conflict; (d) to understand what is necessary in order to maintain a psychotherapeutic relationship with a disturbed patient; (e) to deal with the most urgent anxieties of the patient in a therapeutic manner, and since most patients have chronic and severe difficulties, to prepare the patient for continued psychotherapy or psycho-analysis.

One instructor has expressed the idea that the goal of cure of the patients should sometimes be specifically excluded and that doing this prevents unnecessary anxiety in the students. By presenting the material in this way many of the difficulties of 'therapeutic zeal' are avoided, and in many instances the students are able to see that often real symptomatic relief is experienced by the patient and in some instances evidence of considerable basic change.

After the patients have been interviewed by the students, their cases are discussed thoroughly with an effort to evaluate the precipitating factor, the major conflicts, the degree of ego organization and functioning, and the probable transference resistances. During the course of the psychotherapeutic work the student is helped to see evidence of transference and resistance. In this situation he is also given instruction as to dealing with those forces. No attempt is made to utilize dream material except in the most general way.

In the joint clerkship between psychiatry and pediatrics a child psychiatrist is available as a consultant to students and staff on cases which have organic illness as the main focus of interest. In this setting the psychiatrist brings to the attention of the student the emotional factors in connexion with surgery and other pertinent material. In addition, the student is assigned a child with an emotional problem for evaluation. Through frequent conferences the student has an opportunity to study emotional factors in such problems as stuttering, enuresis, eczema, asthma, and ulcerative colitis. In this work of the third

year the student assumes responsibility for the patient. As he proceeds he begins to develop a deeper understanding of the basic concepts which had been presented to him in the two preceding years. He learns gradually to apply those concepts.

In the fourth and final year of the curriculum the medical student studies psychiatry directly in two situations. Three weeks are spent in the in-patient clerkship. Here the student sees mentally ill patients as they are brought into the hospital. He examines the patient, sees the relatives, and presents his evaluation to an instructor. In this conference he has an opportunity to participate in discussions regarding treatment recommendations. In this situation the student deals mainly with psychotic patients. In addition to the clerkship there is a seminar in psychiatry held each week throughout the year. In this seminar students present patients who are in the hospital because of general medical and surgical illnesses. The emphasis in the teaching is on the 'normal' personality reactions to illness, the importance of the doctor-patient relationship and psychotherapeutic principles in the treatment of any sick person. Also, in this seminar certain selected psychiatric problems are considered. These include such problems as alcoholism, problems of ageing, legal problems, and community mental health problems. The overall attempt in this seminar is to help the student to see the applicability of general dynamic principles to the whole field of medicine.

The fourth year in-patient clerkship in which the student works with severely ill, psychotic patients is a sort of proving ground for the work of the preceding three years. Here, in a situation where psychodynamics are demonstrated so obviously in the patient, the student may or may not be able to utilize the concepts which have been presented to him earlier. In many instances he is able to do so. The discussion of psychodynamics is limited to what is seen in the patient, except in rare cases where speculation is clearly labelled as such. It is in the fourth year also that one is able to see some evidence of identification with the instructor in the student. This goes along with an increasing ability to utilize such concepts as libidinal development and psychic structure and to think in terms of ego strengths and deficiencies.

An illustration of the way in which a student may use such a store of information is seen in the following example. While working on the surgical service he studied a 23-year-old female

patient who suffered from ulcerative colitis. She had previously had a section of her bowel removed, but her condition had recurred. In addition to his study of the patient as a surgical case he had interviewed both parents and the patient regarding her personality development. He had elicited a great deal of pertinent data to indicate the part played by emotional factors in the patient's illness. He was able to see evidence of extreme hostility in the family set-up with some indication of the way in which this force had affected the patient. From his discussion and his general attitude it seems probable that his work with such patients in the future will be greatly influenced by this background of dynamic instruction.

There are many other similar examples which might be used to illustrate this general tendency. On the other hand, as has been previously mentioned, some of the students react in quite an opposite way, and at times express their attitudes in boredom, sleepiness, joking, and hostility.

Throughout the work of the whole four years the importance of research is stressed. Many questions arise which cannot now be answered, and large areas of ignorance are exposed. The teacher points out the need for more information and knowledge and, where possible, indicates lines which might profitably be followed.

The foregoing is an account of the teaching of basic psycho-analytic concepts in one medical school at the present time. It must be borne in mind that the student is engaged in the study of general medicine and that any training for a specialty follows later.

From this account it will be obvious that it is not possible at this time, in this situation, to give the medical student the fundamental 'laboratory' experience which would enable him to validate fully the basic psycho-analytic concepts which are presented. In other words, it is not possible to give him the experience of personal psycho-analysis and the other elements of psycho-analytic training. However, we feel that the student is given an opportunity to learn something about and from psycho-analysis. Further, there is evidence that many of the students are able to see relationships between these basic concepts and their own observations and experience. In addition, there is evidence of a great deal of interest in the subject on the part of the students in the fact that about one half of the members of a recently graduated class have chosen to continue the study of psychiatry as a specialty. There is strong reason to believe that

most of these young physicians will seek psycho-analytic training.

It must be remembered, however, that most of these young people will be working in other areas of medicine. While we are pleased to see some of them choose to specialize in psychiatry and psycho-analysis, we have great interest in those who do not. Our attempt is to help them to develop the understanding and skill which will enable them to deal adequately with the emotional problems of their patients regardless of the field in which they practise.

In spite of the gratifying experience we have had up to this point we feel that it is necessary that we continue to consider certain questions, among others: How effective can the teaching of these basic psycho-analytic concepts be in this

setting? The answer to this can be learned only when we are able to get some idea of how the information is used after the students are in practice. There are other questions that can and should be asked. For example: Is it possible that we may be doing the psycho-analytic concepts a disservice by 'watering down'? And is it possible that in this attempt to teach these basic concepts we merely succeed in increasing the resistance of the student?

I think that the answer to both questions might be yes. But certainly the answers depend on how, and by whom, the concepts are taught. When the teaching is done by experienced psycho-analysts the dangers are minimized, and the student is given accurate, useful information which will help to make him a better physician.

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BOOK REVIEWS

The Standard Edition of the Complete Psychological Works of Sigmund Freud. Translated from the German under the General Editorship of James Strachey, in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson. Vol. IX (1906-08). *Jensen's 'Gradiva', and Other Works.* Vol. XX (1925-26). *An Autobiographical Study; Inhibitions, Symptoms and Anxiety; The Question of Lay Analysis; and Other Works.* (London: Hogarth Press and Institute of Psycho-Analysis, 1959. Vol. IX, pp. vi + 279. Vol. XX, pp. vi + 306. £50 the set of 24 vols.; sold only in sets.)

Volume IX opens with a completely new translation by James Strachey of 'Freud's first published analysis of a work of literature', under the modified title 'Delusions and Dreams in Jensen's *Gradiva*'. This was originally translated by Helen M. Downey, published in book form in New York in 1917 under the title *Delusion and Dream*, and reissued in London by Allen and Unwin in 1921. So far as the reviewer can judge there is no gross inaccuracy in the earlier translation, but it is too popular and unscholarly in style for inclusion in a series like the *Standard Edition*, for which James Strachey's rendering is all that could be desired. The older book has, however, one advantage over the present Vol. IX in that it contains, as Part I, a translation of Jensen's story itself. This would have been out of place in the *Standard Edition*, but students might follow Freud's interpretations more readily if they first read the old translation of the story before turning to Strachey's translation of Freud's work. Freud's 1912 Postscript is translated here for the first time. Freud wrote later of *Gradiva* as a work 'which has no particular merit in itself', but, as Strachey points out, it actually includes 'not only a summary of Freud's explanation of dreams, but also what is perhaps the first of his semi-popular accounts of his theory of the neuroses and of the therapeutic action of psycho-analysis'. Appropriately enough, the Frontispiece to Vol. IX is a reproduction of the very beautiful Greek bas-relief that Jensen called Roman and christened 'Gradiva'.

The next paper is the short 'Psycho-Analysis and the Establishment of the Facts in Legal Proceedings', in which the names of Jung and Adler and the term 'complex' are mentioned for the first time, and which expresses some doubts regarding the use of association tests in proving actual, as distinct from unconscious, guilt in suspects. There follows another short paper, 'Obsessive Actions and Religious Practices', which introduces the ideas on religion more fully elaborated years later, but which also

contains a first sketch of obsessional mechanisms. Freud had already reached his conclusions about the renunciation of instinct gratification as an indispensable factor in civilization: he writes, 'Some part of this instinctual repression is effected by its religions, in that they require the individual to sacrifice his instinctual pleasure to the Deity: "Vengeance is mine, saith the Lord".' In view of the years still to pass before Freud recognized an instinct of aggression, the choice of this illustration seems both unexpected and significant.

After a brief 'open letter' advocating 'The Sexual Enlightenment of Children' (which seemed a simpler problem in 1907 than later), there are two short papers on phantasies, 'Creative Writers and Day-Dreaming' and 'Hysterical Phantasies and their Relation to Bisexuality', followed by 'Character and Anal Erotism'. Of the latter the editor remarks 'The theme of this paper has now become so familiar that it is difficult to realize the astonishment and indignation it aroused on its first publication.' A consideration of the relation between 'Civilized' Sexual Morality and Modern Nervous Illness' is followed by another, if anything more shocking, article 'On the Sexual Theories of Children'. The main papers end with 'Some General Remarks on Hysterical Attacks' and 'Family Romances' and the volume concludes with a few 'Shorter Writings'. It will be noted that although, apart from the *Gradiva* thesis, the works included are mainly short papers, they are, as usual, immensely rich both in promise of future developments and in basic attitudes already firmly established.

Although the Frontispiece to Vol. XX shows 'Sigmund Freud with his Father in 1864' and, facing p. 72, has a delightful picture of 'Sigmund Freud with his Grandson Stephen in 1922', this volume belongs to the post-*Ego and Id* or modern period of theory, as indeed the dates convey (1925-26).

The bulk of the volume consists of three major works, all of them previously published in book form, followed by Freud's contribution on 'Psycho-Analysis' to the *Encyclopaedia Britannica*, 13th edition, and various 'Shorter Writings'. The first of the main works is 'An Autobiographical Study', which contains a minimum of autobiography but is, in fact, a major historical review of the development and present state of psycho-analysis at the time of its initial publication in German in 1925. This paper inevitably covers much of the same ground as one published ten years previously, 'On the History of

the Psycho-Analytic Movement' (1914), but is farther removed in time and mood from the painful separations from Jung and Adler so closely related to the earlier survey. As the editor writes, 'The controversies that embittered the earlier paper had now faded into insignificance and he was able to give a cool and entirely objective account of the evolution of his scientific views.' The 1935 Postscript, bringing matters up to that date, follows the main paper. It is interesting to note that, at this time, Freud thought he had made all his main contributions to psycho-analysis and had reverted to his youthful interest in cultural problems; indeed, he describes the award to him of the Goethe Prize for 1930 as 'the climax of my life as a citizen'. Reviewing the progress of psycho-analysis in the decade 1925-35, the foundation of the International Psycho-Analytical Association with its biennial Congresses, the increase in number of local national societies, establishment of training institutes, etc., he concludes: 'It happens from time to time that an analytic worker may find himself isolated in an attempt to emphasize some single one of the findings or views of psycho-analysis at the expense of all the rest. Nevertheless, the whole impression is a satisfactory one—of serious scientific work carried on at a high level.'

The second work is 'Inhibitions, Symptoms and Anxiety'. It appears that it may have been Freud's rejection of Rank's exaggerated estimate of the importance of birth-anxiety that stimulated this reconsideration of the whole problem of anxiety. This is certainly the main theme, but the book is one of the more difficult of Freud's writings, because it is both discursive and comprehensive. The editor remarks that Freud found it necessary to tidy up a number of questions in his 'Addenda'. To aid the reader James Strachey has provided an Ariadne thread in the form of an outline of the history of Freud's views on the major topics concerned. These useful summaries are presented under the headings 'Anxiety as Transformed Libido', 'Realistic and Neurotic Anxiety', 'Anxiety as a Signal', and 'Anxiety and Birth'. Two appendices have been added: 'A', an amplification of Freud's use of the terms "Repression" and "Defence", and 'B', a 'List of Writings by Freud Dealing Mainly or Largely with Anxiety', which gives an idea of the importance Freud attached to the problem from very early days.

The third major work is 'The Question of Lay Analysis', a new translation by James Strachey with a different sub-title, 'Conversations with an Impartial Person'. The work resulted from an interview that Freud had in 1926 with 'an official of high standing' in regard to proceedings for 'quackery' instituted against Theodor Reik for practising as a lay analyst. Publication showed that there were great differences of opinion among analysts themselves on the advisability of lay practice, and a series of papers on the subject appeared, in German in the *Internationale Zeitschrift*, and in English in the *Inter-*

national Journal of Psycho-Analysis, ended by a 'Postscript' from Freud in 1927. Unanimity was not reached, but Freud always maintained his opinion that psycho-analysis with its far-reaching implications ought not to be regarded merely as a department of medicine. Freud's arguments and the subsequent development of psycho-analysis all go to show that the significance of psycho-analysis for human life extends far beyond individual therapy. Incidentally, as the editor notes, Freud presented in this work 'what was perhaps his most successful non-technical account of the theory and practice of psycho-analysis, written in his liveliest and lightest style.'

The volume concludes with Freud's 'Address to the Society of B'nai B'rith', the translation of which by James Strachey appears to be the first in English; and three 'Shorter Writings', one of which is the Obituary Notice of Karl Abraham whose death at the early age of 48 was such a great loss to psycho-analysis. Both volumes contain the usual and quite invaluable Editor's Notes, Bibliography and Author Index, List of Abbreviations, and excellent General Index.

Marjorie Brierley.

Ego Psychology and the Problem of Adaptation. By Heinz Hartmann. Translated by David Rapaport. *Journal of the American Psychoanalytic Association, Monograph Series No. 1.* (New York: International Universities Press, Inc.; London: Imago Publishing Co. Ltd., 1958. Pp. xi + 121. \$3.00 or 21s.).

This English version of Hartmann's *Ich-Psychologie und Anpassungsproblem* published in 1939 will be a boon to all who, like the reviewer, read the original German with difficulty. David Rapaport's translation is very good, but the Essay is still far from easy reading because it is so packed with concentrated thought. The author still considers most of the thoughts presented in it to be valid, and footnote references are given to later papers in which the major concepts were elaborated and systematized. In retrospect, it appears that he was justified in considering this Essay to be 'in the nature of a program which must be filled in and made concrete by detailed empirical investigations'. Hartmann's aim is to advance the status of psycho-analysis as a general psychology by studying hitherto relatively neglected aspects of ego organization and function. Thus, he writes, 'It is striking that while the concept "ego syntonic" is fairly well defined, experience shows that the term "reality syntonic" is so elastic that it covers diverse and even partly contradictory views.' What Anna Freud did for the ego and the mechanisms of defence, Hartmann seeks to do for the ego and its relations to external reality.

Returning to the programme aspect of the Essay, Chapter 1 introduces the concept of the 'conflict-free ego sphere'. This term is suggested for 'that ensemble of functions which at any given time exert their effects outside the region of mental conflicts'.

For example, with reference to the choice and success of intellectualization as a defence, he writes: 'We may, however, safely assume an autonomous intelligence factor, which, as an independent variable, codetermines the choice and success of the defensive process.' And '... memory, associations, and so on, are functions which cannot possibly be derived from the ego's relationships to instinctual drives or love-objects, but are rather *prerequisites* of our conception of these and of their development'. More detailed study of these 'autonomous' functions should improve our definitions of ego strength, mental health, etc.

Chapters 2 and 3 discuss the complexities of adaptation due, in part, to the relation between 'the prolonged helplessness of the human child' and 'the fact that man acquires a crucial part of his adaptation process by learning'. The term 'adaptation' is used throughout in relation to the outer world; 'fitting together' for the processes of adjustment in the inner world. The term 'social compliance' is introduced; the role of 'detours' in development and in adult achievement is considered, e.g. the detour through fantasy; and the possibilities of success and failure in both progressive and regressive adaptation are discussed.

Chapters 4 and 5 initiate an attempt 'to restudy the evolution of the ego in terms of adaptation', starting from the reminder 'But we must not forget that the individual's drive constitution is not his only inborn equipment. . . . The human individual, at his birth, also has apparatuses, which serve to master the external world. These mature in the course of development.' Ego functions have a 'rank order'. 'In speaking of a "primacy of intelligence" we mean a "primacy of the regulation by intelligence"', implying that regulation by intelligence takes the first place among the ego's regulatory factors, but not that all other mental functions can or should be replaced by it.

Chapter 6 returns to 'Some Integrative Functions of the Ego'. Hartmann writes: 'The full range of synthetic factors is not yet known: some of them belong to the superego, most of them to the ego, and some of these belong partly to the conflict-free regulative functions of the ego.' Chapter 7 considers 'Implications for the Concepts of Health and Education'; and Chapter 8 discusses 'Preconscious Automatism'. Automatization is a characteristic example of those relatively stable forms of adaptedness which are the lasting effects of adaptation processes. The Essay concludes with Chapter 9 on 'Ego Apparatuses. Autonomous Ego Development'. Here the author writes 'the psychology of action is inconceivable without the psychology of instinctual drives', but 'perception, motility, intelligence, etc., rest on constitutional givens. These components of "ego constitution" deserve our attention just as much as the components of drive constitution.' And later, 'I stress again that no satisfactory definition of the concepts of ego strength and ego weakness is

feasible without taking into account the nature and maturational stage of the ego apparatuses which underlie intelligence, will, and action.'

Readers familiar with Hartmann's subsequent work will note that, e.g. the distinction between primary and secondary autonomy has not yet been made, nor has the concept of neutralization yet appeared. More stress is laid on maturation as such than on the genetical approach so much emphasized later. The probable desirability of including direct child observation among the necessary 'empirical investigations' is mentioned, but the immense amount of this work carried out in England by Anna Freud and Dorothy Burlingham and, in the United States, by the last Ernst Kris was yet to come. Such defence of metapsychology as occurs here is defence of the need for exploring more fully the concepts of adaptation and adapted achievement, if psychoanalysis is to provide the indispensable link between biology and sociology which both Hartmann and Kris thought that it could be. Defence of theory as a whole, and its relations to practice, followed only later. But criticism of Freud by some analysts and others on grounds of his biological approach had already begun by 1939: some of the advantages of Freud's biological approach are emphasized here. Hartmann's own attitude is stated unequivocally in relation to the falsity of positing any antithesis between a 'biological id' and a 'non-biological ego'. He writes: 'In our opinion the psychological is not an "antithesis" to the biological, but rather an essential part of it. Psychology and biology are for us simply two different directions of work, two points of view, two methods of investigation, and two sets of concepts.' The idea that id and ego are alike products of differentiation is mentioned in this Essay.

Hartmann is an 'intellectual' of a very high order, with a capacity for abstract thinking which makes metapsychology his native province, so to speak; and there must be many able clinicians, with less marked ability for abstract thinking, who find his writings difficult to follow. This is, perhaps, one reason why his work has inspired more co-workers in the United States, e.g. Kris, Loewenstein, David Rapaport, and others, who have the opportunity for personal contact and discussion, than it has in the British Society, apart from Anna Freud and Willi Hoffer who also know him well. Hartmann has taken every care to guard against misunderstanding and to stress that he has artificially singled out the reality-orientated aspects of the ego because these play an indispensable role in adaptation and adapted achievement. He is in no doubt as to the complicated interplay and interdependence of all the aspects of the psyche in the living individual, e.g. of the various but close relations between instinct defence and adapted achievement. The impression remains that the term 'conflict-free ego sphere' is liable to be misleading to less acute minds than Hartmann's. Even the term 'autonomous' is potentially ambiguous: it could suggest that the reality-orientated

functions are more independent, not only in origin but in their daily operation, than they in fact are.

Personally, I rather regret the re-introduction of the term 'apparatus' in the form of 'ego apparatus', because Freud's later definition of psychic structure as organization seems to me such a desirable advance on the earlier, more mechanistic, conception of 'the psychic apparatus'. Also, some of the difficulty connected with the development and relationship of the so-called pleasure-pain and reality 'principles' might be reduced if more emphasis were laid on the discriminative function of pleasurable and painful sensations and affects. Does not this function antedate the gradual maturation of cognitive discrimination and provide the earliest means of reality-testing and of learning? As is well known, this function is never entirely superseded in later development. In the adult, happiness is surely not an end in itself, though it is often mistaken for a goal in its own right, but it is an indication of successful adaptation, e.g. of the establishment of a satisfactory object-relationship or the pursuit of a career attuned to the individual's specific talents. Does it not follow naturally that the id, in its relative seclusion from the outer world, should remain under the sway of pleasure-pain regulation?

But there will be few analysts today who doubt that basic ego abilities and dispositions are innate, and that the full story of individual development must include the maturing ego's relations with both inner and outer worlds. Hartmann, like Freud, tends to write of the developing ego as if it were a unity from the beginning. But it does not seem that the differentiation of ego and id from a common primary psyche need be a single event. Is it not more likely to come about by a series of events culminating in a definitive organization which can be called unitary, the 'reality-ego'?

That Hartmann is regarded as our leading modern ego metapsychologist is amply demonstrated by his recent election to Honorary Presidency of the International Psycho-Analytical Association, and by the choice of this pioneer Essay to inaugurate the new Monograph Series of the Journal of the American Psychoanalytic Association.

Marjorie Brierley.

Current Concepts of Positive Mental Health. By Marie Jahoda. Basic Books Inc. (New York: 1958. Pp. 136. \$2.75.)

This well-known social psychologist has undertaken the difficult though important task of examining the various current notions of mental health. She rightly points out that the idea of mental health is concerned with man as he ought to be. Much of the confusion arises from the failure to state whether one is talking about mental health as an enduring attribute of a person or as a momentary attribute of functioning. Absence of mental disease has most frequently been regarded as the only reliable criterion, especially by medical men. Psychologists and psycho-

analysts have attempted to define mental health in positive terms. Jones's and Hartmann's criteria are quoted in this context. Attitudes towards the self, self-actualization, integration, autonomy, perception of reality, mastery of the environment are discussed as possible criteria. The author agrees with Hartmann and others that there are various types of mental health. She favours the 'multiple criterion approach' and finds Erikson's developmental propositions most helpful. Like other social psychologists, she emphasizes the value dilemma implied in the concepts of mental health, and she makes some useful suggestions for research. This book is a valuable contribution to the clarification of a basic concept. Dr. Jahoda's criticism of current concepts is constructive and helpful. Those who deride the efforts to define mental health in positive terms tend to forget that physical health is no less elusive a concept.

E. Stengel.

Der Psychiater (The Psychiatrist). By Kurt Kolle. (Stuttgart: Georg Thieme Verlag. Pp. 57.)

An address by the present holder of the chair of psychiatry and neurology in Munich once occupied by Kraepelin. The author is in favour of the union of psychiatry and neurology which is still common on the Continent. His arguments are unconvincing; he expects the psychiatrist to be a skilled neurologist as well as a versatile psychotherapist. He complains that psychiatrists have always been exposed to uninformed attacks from the lay public and the authorities. His explanation, though correct, is too superficial. The psychiatrist, he says, is concerned with man as a person. It is noteworthy that such complaints should come from psychiatrists where their discipline is at its most respectable academically. In Britain and in the U.S.A. psychiatrists are sometimes told that their status would be enhanced if they steered clear of the heresy of psycho-analysis.

E. Stengel.

Research in Psychiatry with Special Reference to Drug Therapy. Psychiatric Research Report 9. (American Psychiatric Association, 1958.)

Social Aspects of Psychiatry. Ed. by B. Pasamanick and P. K. Knapp. Psychiatric Research Report 10. (American Psychiatric Association, 1958.)

American psychiatrists have continued to study the effects of various drugs on abnormal behaviour with great thoroughness, ingenuity, and enthusiasm. It is still uncertain whether this experimental research will lead to important new discoveries. In a symposium devoted to methodology Lawrence Kubie discussed the relationship of psycho-analysis and psychopharmacology. He warned against the overestimation of behaviour changes resulting from drug treatment and expressed the fear lest concentration on symptomatic improvement may divert research from the basic problems of mental disorder.

He suggested that the method of free association should be used in drug trials.

Motivational patterns in the choice of psychiatry as a profession; control of human behaviour through reinforcement and punishment by social agencies; the relationship of race and socio-economic status to the development of motor behaviour patterns in infancy; speech patterns of schizophrenic patients; these are some of the topics discussed in the highly informative Report 10. Some of the reported findings should be of considerable interest to the psychoanalyst, such as the observation that in the last two decades motor behaviour in all children has been significantly accelerated. This is tentatively attributed to greater permissiveness in child rearing, bettering of health status, or both.

E. Stengel.

The Central Nervous System and Behavior. Ed. Mary A. B. Brazier. Transactions of the First Conference sponsored by the Josiah Macy Foundation. (New York, 1958. Pp. 450. Price \$5.25.)

The Brain and Human Behavior. Proc. Assoc. Res. Nerv. Ment. Dis., Vol. XXXVI. (Baillière, Tindall and Cox. London, 1958. Pp. 564.)

The first of these books is a report of a conference devoted entirely to the contribution of Russian neurophysiologists to the study of behaviour, i.e. the work of Pavlov, his precursors and successors. Research into conditioned reflexes and kindred phenomena is of interest to psycho-analysis, in whose origin the model of reflex action played an important part. The two approaches are not incompatible, although no consistent attempt at integrating them has yet been made. Some of the observations reported in this symposium throw light on areas of mutual concern, e.g. the effect of a slight electric shock on the newborn sheep. It is severely traumatic if the animal is separated from its mother, but quite innocuous in the mother's presence. The book contains a historical survey of the Russian contribution to the physiology of behaviour. Neglect of the subjective aspects of behaviour has been one of the weaknesses of the Russian approach.

The second book contains contributions by leading Western physiologists to the study of behaviour. In contrast to the Russian orientation which is based on one basic concept, in this conference report a variety of concepts and methods have been brought to bear on behaviour problems. Most of the twenty-one articles are highly technical. For the clinician, Hoch's and Nielsen's papers are of interest. The former, entitled 'Psychoses-producing and Psychoses-relieving Drugs' deals with the so-called experimental or model psychoses and their treatment by tranquillizers. Nielsen's study on 'Cerebral Localization and Psychoses' arrives at the conclusion that cerebral lesions are apt to cause psychotic disorders only if they involve structures concerned with the emotions. In other articles the effects on behaviour of lesions of various parts of the brain are

discussed. Students of behaviour, whatever their approach, are sure to find this book informative and stimulating.

E. Stengel.

The Final Face of Eve. By Evelyn Lancaster with James Poling. (New York: McGraw-Hill Book Co. Pp. 290.)

This is an interesting, racily told autobiographical story of a woman who suffered from such a severely split ego that she was able to function as two apparently separate, opposite, and alternating personalities. So far did the process of dissociation go that there seemed to be two persons, the moral Eve White, knowing nothing of the superficially hedonistic, psychopathic Eve Black. In the course of psychotherapy, which seems to have been of a highly eclectic kind, a third personality appeared, that of Jane, who, though somewhat false, was better orientated towards reality. Finally the story ends with an integration of the three personality patterns with a truer, better balanced, and indeed more human figure.

The therapists' method of effecting a recovery appears to have been a manipulated rather than a fully interpreted transference, bringing into consciousness some of the childhood traumata, and providing a tolerant understanding doctor-patient interpersonal relationship which enabled the patient to make steps in maturation which hitherto had been impossible for her.

From a psycho-analytic viewpoint one wonders what all the fuss is about (though it makes a good story) because normally one would expect such a problem in such a patient to be resolved by psycho-analysis, and in fact it may well be a pity that the patient did not have analysis rather than psychotherapy.

A. Hyatt Williams.

The New Chemotherapy in Mental Illness. Ed. by Hirsch L. Gordon, M.D., Ph.D., F.A.P.A. (New York: Philosophical Library. 1958. Pp. 762. \$12.)

This book, a selection from the literature so far available concerning the latest tranquillizing drugs, has no direct bearing on psycho-analysis. It is a pity, however, that no co-operation has yet been achieved between psycho-analysts on the one hand and the many psychiatrists who use the new tranquillizers on the other. What could be undertaken is a psycho-pathological study of the effects and meaning to the patients of the drugs they are receiving. Without such a study our knowledge of the effects of tranquillizers, including their long-term effects, is likely to remain relatively superficial.

This book is so enormous that I asked a colleague working in the relevant field to read it page by page. He reports that every aspect of the subject is covered, there being separate chapters on pharmacology, side-effects, mode of action, result of treatment, drug trials, and a general discussion on broader aspects of

therapy with the new tranquillizers. The chapters are readable, and full of information of great value to doctors who use tranquillizers for their patients.

Because of the large number of chapters there is inevitably some repetition. Many of the most recent tranquillizers such as Stelazine, Vespral, and Fentazine have not been included, but everything of relevance about the other tranquillizers seems to have been said.

A. Hyatt Williams.

Working-Class Anti-Semite. A Psychological Study in a London Borough. By James Robb. (London: Tavistock Publications, 1954. Pp. xiv + 239. 15s.)

This is a conscientious and thorough investigation into the vexed question of anti-Semitism confined to one London borough. It takes into account the work of previous authors, such as Bettelheim and Eysenck, but draws its own useful conclusions which, the author hopes, might go beyond Bethnal Green, the borough of which an interesting historical sketch is given. Yet no exaggerated merits are claimed for this investigation. He divides the interviewed into the extreme group and the tolerant. Certain characteristics strike him of which, it is only fair to say, he himself is doubtful. The extreme group suffers

from lack of social contacts (hence their strong objection to and envy of Jewish 'clannishness'), anxiety, and inferiority feelings. Their childhood history shows that they got on badly with their parents and siblings. The tolerant group comes off much better; their contacts with their family, employer, and friends are satisfactory and, in contrast to the paranoid extreme group, they only suffer from hysteria. Party politics do not seem to affect the question, though there are more Conservatives among the extreme group. But like most working-class people the majority of both groups vote Labour.

The method of investigation was by interviews, questionnaires, and Rorschach tests. In the last chapter, 'Problems for the Future', the author considers such suggestions as legal action against anti-Semitic utterances and acts, educational methods, and legal relief of poverty. He does not see much hope in all these attempts, but very reasonably suggests that what is needed is more facts and more money spent on obtaining them.

A philological note: there is nothing wrong with the expressions 'interviewer' and 'interviewed'. Need we really talk of 'interviewees'? This is just a word from the reviewer to the reviewee.

Katherine Jones.

OBITUARY

Many readers will have learnt with profound regret of the death of Mrs. MELANIE KLEIN on 22 September, 1960, in her seventy-ninth year. Appreciations of her work will be published in a forthcoming issue.

London,
31 October, 1960.

Editor.

MELANIE KLEIN ARCHIVES

The Melanie Klein Trust, as literary executors of the late Melanie Klein, are building an archive of material relating to the life and work of Melanie Klein. They would be glad to receive—either on loan or as gifts—any letters, pictures, memorabilia, or other material by or about Mrs. Klein.

Such material should be sent to the Honorary Secretary of the Trust:

DR. ELLIOTT JAQUES,

35 ENNISMORE GARDENS MEWS,

LONDON, S.W. 7.

The other Trustees are W. R. Bion (Chairman), Betty Joseph, Roger Money-Kyrle, Herbert Rosenfeld, and Hanna Segal.

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Part 6

CONSIDERATIONS REGARDING THE PARENT-INFANT RELATIONSHIP¹

By

PHYLLIS GREENACRE, NEW YORK²

Introduction

The subject 'The Theory of Parent-Infant Relationship,' assigned for the papers shared by Dr Winnicott and me for discussion at the International Congress in 1961, is a broadly inclusive one. It is my understanding that the Committee designing the programme intended that these papers should not merely give a résumé of generally accepted theory of parent-child relationship in very early childhood, but should deal especially with those aspects of the subject to which the authors have devoted special investigative attention and concerning which they have developed points of view expanding, elaborating, or even diverging from theories already widely accepted. I have therefore entitled this paper 'Considerations Regarding the Infant-Parent Relationship'. This assignment is a pleasing one since it presents the opportunity and the obligation to consolidate and clarify work on certain problems of infantile development which have preoccupied me throughout all of the years of my psycho-analytic practice.

It is necessary, too, to define our subject further. The term *infant* may be variously used. From the angle of the law, an infant is a person below the age of full maturity—generally fixed in our Western countries at 21.³ The implication here is that the span of physical growth is

definitely fulfilled by this time and that the mental capacity for full individual responsibility has correspondingly developed. In pediatric and general medical practice, the term *infant* is often used for the child who cannot yet walk. After this he becomes a toddler. Here then it designates approximately the first year or 18 months after birth. In certain educational groups, the infant is the child who may attend infant schools or not yet be in school at all. The distinction then corresponds in time to the oedipal period, the resolution of which gives an additional push of independence and expands the child's activity so markedly beyond the home and family circle. When in psycho-analysis we speak of the infantile neurosis, we generally also include the time through the oedipal period. Our Programme Committee, however, designated the period to be discussed now as comprising the first two years after birth. This corresponds to the stage of fairly adequate establishment of the skills of walking and talking and of the initial capacity for secondary process thinking. It is of especial interest as it includes the inception and early stages of ego development.

What seems conspicuous and significant here is that in whatever way the term *infancy* is defined, its limit appears to be marked by maturational attainments involving some defi-

¹ This paper, together with Dr Winnicott's paper in this issue, will be the subject of a discussion at the 22nd International Congress of Psycho-Analysis, Edinburgh, July-August, 1961.

² From the New York Hospital and the Department of Psychiatry, Cornell University Medical College, New

York.

³ This definition of maturity and infancy actually closely coincides with linear skeletal growth measurement, in the male. The fixing of the end of infancy at 18 in the female is also in accord with these biological growth statistics.

nite independence from the mother or from both parents. It is indeed with physical maturational factors⁴ reaching meaningful stages in body structure, form, and function that this paper will concern itself; to examine the interplay of these with the parent-infant relationship and the accompanying effect on the psychic development of the infant. In his book *Ego Psychology and the Problem of Adaptation* (21) Hartmann points clearly and repeatedly to the influence of biological maturational processes and stages on ego development: and in conjunction with ego function, on the reality adaptation of the total personality throughout life.

It is a temptation to quote liberally here, since the book contains a discussion, rich in its suggestions, concerning the intrinsic interrelation between biological factors and psycho-analytic findings and theories. While Hartmann considers that the examination of biological growth processes does not, strictly speaking, belong within the field of psycho-analysis, he emphasizes that nonetheless some thought must be given to them in understanding fully the significance of psycho-analysis for education, sociology, and mental hygiene, difficult as these fields are to delimit and define. As he mentions (p. 4), already in 1936 Anna Freud in *The Ego and the Mechanisms of Defence* (4) (pp. 4-5) had defined the task of psycho-analysis as the attainment of 'the fullest possible knowledge of all the institutions (id, ego, and superego), of which we believe the psychic personality to be constituted and to learn what are their relations to one another and to the outside world' (italics mine). Utilizing this, Hartmann adds, first, that it is possible however that psycho-analysis may be expected to furnish or become a general developmental psychology; and second, if and when this occurs, it must involve the study and appreciation of areas outside of the neuroses with which we habitually concern ourselves. He believes that an anticipation of this kind was entertained by Freud in the early years of his work when he referred repeatedly to the biological and physiological substructure of psychological phenomena, and it may again have been in his mind at the time of his writing 'Analysis

Terminable and Interminable' (1937) (7). 'After all,' Hartmann says, 'mental development is not simply the outcome of the struggle with instinctual drives, with love objects, with the superego and so on. . . . We have reason to assume that this development is served by apparatuses which function from the beginning of life. . . . Memory, associations, and so on, are functions which cannot possibly be derived from the ego's relationship to instinctual drives or love objects, but are rather prerequisites of our conception of these and their development' (p. 15).

It is possible that the tendency rigidly to restrict the field of psycho-analysis to meta-psychology in consideration of the established mental institutions was strengthened not only by the fact that psycho-analysis developed largely as a therapeutic method dealing essentially with pathological conditions, and the theory was influenced greatly by clinical investigations; but further, since the need to keep psycho-analytic treatment clear of other adjunct therapies is an essential one the vision of theory may have followed suit. Latterly the need to reaffirm strict boundaries of the preserve of psycho-analysis has resulted from its very popularity with the attendant danger of its dilution or degradation by those workers in our own and adjacent fields who enthusiastically embrace it without sufficient training in psycho-analysis itself and therefore sometimes work without adequate discrimination.

At any rate, if psycho-analysis is to develop a general psychological theory, as seems probable from an expansion of interest in the science of psycho-analysis itself, as well as from its inherent growth in its practical applications, then concern with related problems of biological development inevitably has a place. Stated even more specifically, the objection can no longer be raised that 'all of these problems are outside the field of psychoanalysis . . . if we seriously intend to develop the ego psychology begun by Freud, and if we want to investigate those functions of the ego which cannot be derived from the instinctual drives. These functions belong to the realm (of). . . the

⁴ The terms *growth*, *development*, and *maturation* have been variously used by investigators. In general, *growth* has the connotation of increase in volume or weight; *development* may include this but emphasizes rather increase in elaboration of structure and/or functioning; whereas *maturation* stresses development in the direction of an optimal functional state. Since these terms have

been used with such a degree of overlap in their meanings, to attempt to use them with a precise discrimination might be more confusing than clarifying. I am therefore following the decision of H. V. Meredith who reviewed the literature in 1945 (32), and using them interchangeably.

autonomous ego development. It is obvious that these apparatuses, somatic and mental, influence the development and the functions of the ego which uses them: . . . that these apparatuses constitute one of the *roots* (*italics mine*) of the ego' (Hartmann, p. 101).

The Scope of this Paper

It is the purpose of this paper to indicate my conceptions concerning the mutual impact in the infant of maturational forces and the parental influences, predominantly those of the mother, during the first two years after birth. The special focus is on the development of the ego. I have long been impressed from a phenomenological angle with the appearance of certain stages, one might say nodes, of striving and of capacity for independent activity in the young child. Further these seemed to be in a close time relationship to definite stages of physical maturation: periods at which physical attainments, only recently impossible or uncertain, 'clicked'. The young infant then appeared to have a *feeling of gratification* in the achievement with subsequent increase in ease (a kind of physical confidence) apparent in the readiness and firmness of the do-it-again attitude of expectancy.⁵ When one uses the term *striving*, as I have, it might seem to imply already the self-direction of a developed ego. What I am talking of is certainly on the borderland of ego development, but seems to me to be an expression of a maturation pressure to act or to move in a certain fashion, according to the unfolding of innate growth patterns, and to form the body groundwork of autonomous ego expansions.

It is easy to be misled in interpretations of such observations by the subjective elements in the observer. Medawar remarks, 'Everybody recognizes that there are indeed profound similarities between the behaviour of man and animals, but biologists and laymen think about them in entirely different ways. When laymen see mice nursing and cherishing their young, their first thought is, "How like human beings they are, after all!" The biologist (at all events when he is on duty) thinks, "How mouse-like after all are men!"' (31). I have always felt cautious about extrapolating from observations of animal behaviour and making interpretations on the basis of its similarity to human behaviour. My use of a *biological* point of view has rather

to do with efforts to understand developmental stages and problems in the human being from the angle of general biological principles, especially those having to do with growth and maturation.

I myself have never been a systematic direct observer of young children; many direct observations have been casual and involved with a personal relationship as well. I have however attempted to use the work of others (psychologists and pediatricians) especially concerning physical and behavioural maturation stages in infancy. This has been supplemented by the work of psycho-analyst colleagues, especially of those with wide clinical and theoretical interests. Primarily my own interest was stimulated early by Freud's 'Three Essays on Sexuality' (8) in which he clearly saw the libidinal phase development as based on physical growth stages, and later repeatedly emphasized the constitutional elements in the source and intensity of instinctual drives.

Characteristics of Growth

Biological growth has certain general characteristics important for our understanding of the interrelation of mental and physical progress in the infant: *first*, it has a high degree of autonomy in its patterning; *second*, with some exceptions and variations it tends to progress in a cephalocaudal direction; *third*, the younger the organism, the greater the rate of growth (size, weight, and progressive differentiation); *fourth*, it proceeds with a reciprocal interweaving of development of related counter-acting functions of neuromotor systems (e.g. extensor and flexor muscular capabilities), evident in periodic shifting of dominance of the component functions or systems with a progressive modulation and integration of resultant activity; *fifth*, it is subject to progressive fluctuations culminating in more stable conditions and responses; this has already been referred to as the tendency to reach stages or nodes before new directions of growth; *sixth*, in general it progresses according to an overall principle of individuation—i.e. development always involves a response of the organism as a whole and growth of any of its component parts or systems does not readily get markedly out of bounds. This response of the total organism, however, does not preclude a real uniqueness of the individual in specific details on a constitutional basis (12).

⁵ This reminds one strongly of Hartmann's statement that the pleasure of the developing ego functions is an essential in the acceptance of reality (22).

The homeostatic organization of the individual is not as stable or efficient in infancy, however, as it is in later life. This principle of life seems to gain superior strength after the big increments and fluctuations of growth are past. In infancy the neonatal period (two to four weeks after birth) has an extremely high mortality rate, due probably to the inability of the newborn to adapt readily to the experience of birth, and especially to the changed environment. After the first two years of infantile life, the ego certainly plays an important role in synthesizing and integrating the various aspects of any given experience, whatever its nature (Nunberg) (34) (35). But this integrative tendency in the organism, which is related, possibly in an organic way, to the later homeostatic principle, exists in some degree even in the time before and during the early development of the ego, when experience does not involve any appreciable degree of true object relationship.

Perhaps at no stage is the autonomous character of the maturation processes so clear as in intrauterine life, where it is coupled, however, with an essential dependence of the embryo or foetus on the mother for life itself. Indeed without this complete maternal protective envelope and passively supplied nutrition the very young embryo could not increase in size and complexity because of the inevitable exorbitant need for sustenance simply to maintain its body heat, owing to the relatively high ratio of body surface to volume (31).

Ideas of the influence of the mother on the unborn have varied greatly from the old superstitious beliefs in prenatal marking by the attitudes and specific experiences of the mother to a concept of intrauterine life, also derived from fantasy, as completely exempt from any disturbing maternal influence. Our knowledge is still incomplete. But it seems significant that in general severe disturbance in the mother may, according to its nature, affect the nutrition and size of the foetus, or conceivably promote a heightened reactivity to certain stimulations. But it does not ordinarily interfere otherwise with the fetal growth patterns. It is evident however that there are epochs of intrauterine growth with acceleration of growth in size as well as in structural changes which are relatively greater than those occurring after birth. And there are special periods of vulnerability when external

influences may have a catastrophic effect⁶ (33). But in general the progress of development in size and form is steadfastly determined by endogenous rather than exogenous stimulations. Gilbert describes the anomalies of development as misfortunes of growth at critical stages (14). It is interesting too in connexion with the autonomous patterning of growth that the growth tendency in weight of premature babies after birth conforms to that of foetuses of the same size and age rather than to that of full term babies of the same chronological age, computed from the date of birth (Scammon 1922) (37).

The tendency of maturation to extend in a cephalocaudal direction is of importance in the concept of early determinants in ego development. It means that the maturation of the special senses, olfaction, vision, and hearing as well as the neuromuscular patterning of mouth activity is proportionately farther along at an early age than is that having to do with the movements of the hands and feet, or even of the trunk. Thus most observers find that focussing of the eyes occurs before, and is instrumental in furthering, controlled movements of the hand and lower arm. Earlier the arms and the legs tend to react as wholes, the impulses to action arising mainly from the shoulder and the pelvic girdles. As maturity advances, mobility asserts itself at the elbow and the wrist joints and at the knee and the ankle joints. From about four months on, the elbows and digits participate in reaching movements with increasing effectiveness until at nine or ten months they approximate to the shoulder effectiveness (Halverson) (20). But at four months, the eye muscles have already attained a fair degree of focussing. There is thus a definite time lag in the developing of controlled movement in forearm and hands behind that of visual movement and focussing. Even more striking is the disparity in time development of the control of movement at the two ends of the gastrointestinal tract. The movements of the mouth are well developed at birth, whereas control of the lower bowel is not attained for many months. This is so much an analytic truism that its implications as part of the sequential growth pattern may be readily overlooked. The question of the significance of the cephalocaudal maturational direction tendency will be discussed again in connexion with the development of the body ego.

⁶ The first three months of pregnancy, when organogenesis is proceeding rapidly, is a period of special susceptibility to influence from maternal illness, notably

rubella. The second three months (4-5-6 mos.) is much safer, and the third trimester again somewhat hazardous. Nelson's *Textbook of Pediatrics*, p. 27.

The Body Ego

Hoffer's papers (27) (28) (29) on the development of the body ego (1949-1950) offer an excellent starting-point for this discussion. On the general foundation of the conception put forward by Hartmann, Kris, and Loewenstein (23) that both ego and id arise from an undifferentiated state, rather than Freud's earlier formulation of the ego becoming differentiated from the id (1927) (9), and that the first and most fundamental step leading to ego differentiation 'concerns the ability of the infant to distinguish between the self and the world around him', Hoffer proceeds to examine the possible ways in which the separation of the body self from 'the other' (anything in the outer world) may occur.

Freud had spoken of internal perceptions, more fundamental and more elementary than the external ones to which the infant also responds, that is, the response of the body to itself and to the internal organs, with changing states of tension and relaxation. It would seem then that these might form a kind of central core of dim body awareness. If it is correct that the body states giving rise to these perceptions are by no means completely chaotic but are already knit together in some ways by the internal patterning of ontogenetic development, this quasi-organization in itself would contribute to the 'coreness' of the primitive body image at its inception; and the problem of separateness would become largely focussed on the surface of the body,⁷ and on the awareness of especially those functions involved in perceptions of contact of varying intensities.⁸

Touch is obviously important in the determination of the self from the non-self—of the body from the environment. Through it are mediated any perceptions of differences in temperature, texture, moistness, and many other subtle changes in kinaesthetic vibratory sensations and pressures, differences which gradually build up to some sense of degrees of separateness or of aloneness. Hoffer states that the special

importance of touch in the development of the body ego lies in the fact that touching one's own body elicits two sensations of the same quality, and that as these areas with similar sensory responses become gradually united or confluent, an important step in the delimitation of the body from the outer world is achieved. But I would add that touch may also be a potent conveyor of the opposite—i.e. make for a sense of oneness with the other, or not-self, if the 'other' is or approximates to the warm body of the mother or nurse. There is then a relatively small degree of difference in temperature, texture, smell, resilience, etc. (compared for instance with such qualities of inanimate objects), and the difference is one to which the infant has already become acclimatized.

The transitional object itself described by Winnicott (41) is a monument to the need for this contact with the mother's body, which is so touchingly expressed in the infant's insistent preference for an object which is lasting, soft, pliable, warm to the touch, but especially in the demand that it remain saturated with body odours. While the comfortable and familiar smelliness of the chosen transitional object is actually derived from the infant's own body, the fact that the object is usually pressed against the face close to the nose probably indicates how well it substitutes for the mother's breast or soft neck. It is virtually impossible for the infant to use any part of his own body for as good a simulation of the breast. His attempts with fingers and toes may be incompletely satisfying because of the lack of softness of the digits and their difference in configuration from the mounds and hollows of the maternal body.

It seems to me that vision is not only an adjunct but an indispensable one in establishing the confluence of the body surface and promoting awareness of delimitation of the self from the non-self. 'Touching' and taking in of the various body parts with the eyes (vision) helps in drawing the body together, into a central image

⁷ I have had the idea that the process of birth itself is the first great agent in preparing for awareness of separation; that this occurs through the considerable pressure impact on and stimulation of the infant's body surface during birth and especially by the marked changes in pressure and thermal conditions surrounding the infant in his transfer from intramural to extramural life (16).

⁸ It is interesting in this connexion that the subcutaneous tissue tends to increase rapidly in thickness during the first nine months after birth, while growth of the body as a whole is decelerating. Thereafter it tends to diminish, so that by five years it is approximately half as thick as at nine months (Nelson's *Textbook of Pedi-*

iatrics, p. 15) (33). It is possible that this is part of a response to the need for heat conservation during a period in which growth, although decelerating, is still disproportionately great for the conditions of the external environment. A similar increase in subcutaneous tissue occurs in prepubescence and decreases again when the general growth impulse diminishes. In connexion with the fitting together of these various media of growth impulses it is interesting that this first post-birth increase in subcutaneous tissue diminishes at a time when peripheral locomotor activity (crawling, attempts at walking, and muscular play) has definitely entered a new phase.

beyond the level of mere immediate sensory awareness. Further the very functioning of visual perception in a focussed way (which is possible at an early stage in accordance with the cephalocaudal principle of maturation), as different from the reciprocal contacts between body parts by cutaneous touch, may offer a kind of nuclear beginning to an ego development at a mental level.⁹ It is a self-observing function which gains significance as it combines with and oversees the self-perception of touch to form some kind of image of much of the body self, and to separate it from other objects, both animate and inanimate.

In Hoffer's papers he further traces the integration of the hand-mouth activity which emerges with increasing capacity for direction and control during the third and fourth months (10-16 weeks). He considers that (i) appearance of pleasure, (ii) the probable functioning of memory evident in the consistent use of definite patterns of finger and hand sucking, (iii) the possible existence of reality testing in the discarding of other objects offered, and (iv) the considerable control by the infant of his own need satisfaction through finger sucking—all of these developments indicate a definite ego beginning. I would agree fundamentally with all this, except that I would give a much more significantly important place to vision in the establishment of this organized control.

Certainly the pervasive and powerful influence of vision is soon apparent when the infant begins to indicate choice through his head movements (Spitz) (39). The *no* makes a refusal through a direct turning of the head to the side to dispose of the undesired stimulating object by removing it from vision; whereas the *yes* through up and down movement permits it to remain in the range of focus and be affirmed again and again. Thus the *no* seems related to an unsuccessful form of the negative hallucination which through its externalization gains the secondary force of communication. But the contrast between the affirmative and the negative is determined in large measure by the bilaterality of the eyes.

Maturation, Pleasure in Functioning, and the Beginning of Aggression

For a long time it has seemed to me that we must look for the primordial origins of aggression as well as of libidinal pleasure in the early processes of maturation. It may even be that aggression and bodily satisfaction are at times overlapping aspects of growth itself, i.e., satisfaction in the period before earliest inception of the ego or the establishment of any appreciable degree of object relationship. This is the period, especially of intrauterine life and the first weeks after birth, when the physical activity of the organism consists very largely of the multiplication of the cellular elements and their differentiation and organization into different organ systems. Even the active functioning of the different organs is generally much below that which will develop in later infancy and childhood. While the physical apparatuses are being perfected, the rate of growth in volume, weight, and complexity or organization is stupendous. If this were to continue unabated after the first three months of pregnancy, when organogenesis has been completed, all other life would soon be crowded out. But such growth paradoxically can occur only when the organism is in a relatively helpless state, and is primarily a growing rather than a going concern. After the third month of foetal life, independently active functioning begins to become apparent. The mother feels movements of the fetal extremities as kicks and pushes.¹⁰ Growth, in the sense of increment, is diminished, although still prodigious compared to what it will be by the postnatal time when these kicking movements have begun to be used for crawling or early attempts at walking, or later when kicking is utilized as a hostility directed against the object.

The question of any *rudimentary pleasure in functioning* must here be raised, as well as its corollary, the way in which this leads over to or is connected with later *ego pleasure* in functioning. I have already referred to Hartmann's statement that the pleasure of developing ego functions is an essential in the acceptance of reality; and to Hoffer's conception that the appearance of

⁹ Gesell remarks: 'The eyes take the lead in the conquest of and manipulations of space. The baby takes hold of the physical world ocularly long before he can grasp it manually. He can pick up a pellet 7 mm. in diameter fully 20 weeks before he picks it up with his fingers.' 'Ontogenesis of Infant Behavior' (12).

¹⁰ The foetal heart has begun to beat in the first month. Corner puts these facts very picturesquely: '... the

months before birth are in their way the most eventful part of life and we spend them at a rapid pace. At the beginning the body consists of one cell; by the time of birth, it has two hundred billion cells. . . . You had the beginnings of a brain before you had hands, and of arms before legs; you developed muscles and nerves and began your struggle' (3, Chap. 1, 'The Embryo as Germ and as Archive').

pleasure in the functioning of the hand-mouth movements is one of the criteria of beginning ego formation (at a mental level). I have mentioned the appearance of infantile gratification in achievement, for example in the beginning of walking. These references are all to behaviour at the very beginning or in the early stages of psychological ego development.

In prenatal and neonatal periods, however, there can only be a very primitive and basic form of narcissism. In Freud's early paper on narcissism (10) he refers to the 'narcissistic libido of the foetus', and again to the 'libidinal complement to the egoism of the instinct of self-preservation, a measure of which may justifiably be attributed to every living creature'. In the chapter on the Analysis of Anxiety, in *The Problem of Anxiety* (11) he expresses the belief that the foetus at birth cannot be aware of anything beyond a gross disturbance in the economy of its narcissistic libido resulting from the 'pressure of large amounts of excitation giving rise to novel sensations of unpleasure: numerous organs enforce increased cathexis in their behalf, as it were a prelude to the object cathexis soon to be initiated. . . .' (pp. 96, 97, 102).¹¹

With these considerations in mind one may ask whether this early form of narcissism may not be described as the libidinal investment of growth, before independent life is at all possible. The further question arises whether the conception of unpleasure may not have its counterpart in an early form of pleasure: a prelude, perhaps little more than a relative resting stage of ease with diminished tension, a slight plateau in development such is as conceivably indicated at about the 3rd to 4th month of pregnancy, before the initiation of a new phase or a new form of activity occurs. It is important, however, that the diminished tension is not due to an arrest in activity but rather to a smoothness in performance of recently acquired activity. In infancy one sees such periods, I believe, around the 4th or 5th months and again around the 15th to 16th month, in relation to specific functional achievements. At these more general stages or nodes of development, there is a suggestion of well-being and of the fitting together and 'clicking' of interrelated activities with a temporary relief from the urgency of old

pressures. New maturational drives may be felt then as pleasant stimulation rather than experienced yet as uncomfortable accumulations of tension. At such times, it would seem as though in the endless interweaving processes of growth, a fundamental part of the pattern has emerged more clearly.

What then are the antecedent stages in the development of aggression? But first, how shall we define or describe it? It is for the most part agreed that there are two sets of instinctual drives—the sexual and the aggressive drives. From a biological angle, these may be considered to be largely in the service of the continuation of the species and of the individual respectively. But from the angle of the individual life adaptation, obviously they cannot be reduced only to these terms. On the other hand, I find it helpful not to disregard completely the implications of the biological beginnings of activity even when trying to understand it at a psychological level. It may be for this reason that it is more difficult for me to grasp clearly the article on the theory of aggression by Hartmann, Kris, and Loewenstein (1949) (24), than Hartmann's discussion of ego psychology and the problem of adaptation (21) or his article on the psycho-analytic theory of the ego (22). In the first of these, any real consideration of the biological has been pretty much tidied out of the discussion in the interest of avoiding possibly murky speculation.

Hartmann, Kris, and Loewenstein speak of 'impulses of an aggressive nature, manifestations of destructiveness or *cruelty*' (italics mine). One is aware that with the addition of the term cruelty an animate object is implied, for cruelty involves suffering of another. Aggression at this level then can occur only with an established ego and the development of appreciable object relationship. I would prefer to consider aggressive instinctual drives first simply as destructive drives, or before the dawn of the ego and object relationship, to consider them as biological assertiveness, a manifestation of processes of growth.

If aggression is an instinctual drive, it must be potentially present in some degree of primitive organization before the development of the ego. It seems that the earliest form of aggression exists in the great expansion and evolution of

¹¹ In early papers on 'The Biological Economy of Birth' and 'The Predisposition to Anxiety', Part I, I

have made some attempts to discuss the theoretical implications of this concept of foetal narcissism (16) (17).

the newly fertilized ovum. In some unicellular organisms it is manifested in the pseudopodal activity by which the organism reaches out and envelops particles with which it comes in contact. In this simple form, aggression is a *going at or towards*, an *approaching* as the derivation of the word implies. In the fertilized ovum there is a marked increase in activity and an awesomely rapid increase in size, complexity, and organization after implantation in the uterine wall. Already a peculiar biological partnership has been set up between embryo and host, in which the partners are continuously more intimately together and more separate than in any other relationship in life.

But my point here is that since the embryo and its maternal host are now obligatorily a combined concern, in which the mother's body is the nutrition gatherer for the embryo and the supply is lavish, this energy of the primordial aggression is not needed for the attainment of nutrition and can be utilized in biological creativeness in the building up and the functional differentiation of the organs. Thus the mother's body has taken over almost completely the satisfaction of embryonic destructive drives. If we accept at all the biological conception of ontogeny repeating phylogeny we are confronted with the extraordinary situation of this energy going into a life, in a sense apart from the embryonic environment (the uterine cavity) which is, however, a reliving of the reactions to all the environments of aeons past. This is a feat which is almost beyond our true comprehension. It is not that the assertive drive is turned inward against the organism, as we might later conceive it to be, in an established organism, when it then becomes self-destructive, but it is still in a sense an outward drive in which the environments of the past are internalized as part of the process of developing organization, in an unbelievably condensed recapitulation. Once this cycle has been completed and the foetus has caught up with time, then such an enforced passivity might endanger rather than promote the development of the organism. Is this turning of the energy into the work of organizational growth a change in the nature of the energy?

When the period of the first three months of organogenic growth is past, and the nervous and muscular systems are sufficiently well developed, the energy begins to be peripherally directed again and movements of the extremities occur. The mother 'feels life' in the fourth month.

Even earlier movements can be elicited by specific stimulations in embryos removed from the body, but by the fourth month they seem to occur regularly owing to the reaching of some kind of integration point of the functional processes going on in connexion with the autonomously interweaving undertakings of maturation. During the later months of pregnancy there is an increasing amount of peripherally directed activity.

After birth the infant must begin to fend even more for himself, taking the nourishment aggressively from his mother through nursing, rather than receiving it passively through his blood stream. But it is at the times of the auspicious harmonizing of related functions, the arrival at a fairly smooth meshing of these functions to reach a more complex economizing activity, that the body ego develops and contributes to the beginning mental ego. I would refer here again to Hartmann's statement, 'These apparatuses, somatic and mental, influence the development and functions of the ego which uses them—that these apparatuses constitute one of the roots of the ego' (21). This is in keeping too with Freud's early statement that pleasure tended to be linked with the self and unpleasure with the outside-the-self. It is also related to the concept of Hartmann, Kris, and Loewenstein, who say 'Every step in the formation of the object corresponds to a phase in psychic differentiation. That differentiation itself is determined by the *maturation* of the apparatus, which later comes under the control of the ego, and by the experiences which structure the psychic apparatus. Hence both processes, differentiation of psychic structure and relation of the self to external objects are interdependent' (23, p. 27). Again, 'The formation of the ego can in part be described as a learning process, which supplements the growth of the apparatus of the ego. The gratification of demands stemming from instinctual drives is guaranteed by learning' (23, p. 13). What I have been considering is the prelude to this, the biologically autonomous beginnings, which have been described as belonging to the no-man's-land between biology and psychology (Hoffer) (29). It is probably important that in prenatal life there is the beginning of a brain before there are hands.

But we are now confronted with the question of the fate both of the raw aggression of infancy and of the concomitant pleasure in functioning which seem so important in the formation of the

ego and later are utilized by it. This brings us to the next division of this paper.

The Parent-Infant Relationship and Maturation

'The children most physically endangered by the present state of affairs [i.e. conditions of disrupted family life under war conditions in London] are those up to two years of age. It is easy to understand that infants simply cannot live in a state of emergency. . . . Development demands its own conditions, irrespective of war and peace or all other happenings in the outer world' (Freud-Burlingham Reports) (6).

During the first two years after birth, one of the main tasks of the infant undoubtedly has to do with making a sound separation from the mother and the commencement of an individual existence, with the later establishment of the sense of reality, of early object relationship, the beginning of secondary process thinking, and the first stages of the sense of identity, in conjunction with, interdependent with and under the mediation of the young ego.

The infant begins by having to work for a living in nursing and continues by taking over gradually and with the mother's co-operation the other concerns of his body life. The pleasure in and control of the satisfaction of his bodily demands and functions—his pregenital sexual life, proceeds according to rather well marked phases, determined by maturational development associated with the different body zones involved. It is not necessary for the focus of this paper to recapitulate much concerning early libidinal phase development which was one of the cornerstones of Freud's early observations and the beginning of analytic theory. I shall pay more attention now to thoughts concerning the evolution of the early ego. There are certain comparisons, interrelations and contrasts between ego and libido developments.¹² But this will be referred to again somewhat later.

During the early part of this period it is obvious that the mother or her substitute is the exclusively important person in the infant's life. The father may play a role as a substitute for the mother but his more muscular body is a less acceptable cushion than is that of a nurse or other female helper. This is especially true during the undifferentiated phase, immediately succeeding the neonatal lethargy and extending into the greater part of the first year.

By the time of birth the sensitivity of the body surface is well developed in the mouth area especially, where skin and mucous membrane responses are active and the neuromuscular pattern for sucking is well established. But in addition to the hunger needs, the contact with the mother's body to supply warmth and exercise through its motion is essential, as the work of Spitz (38) and others (1) (2) (36) has specifically demonstrated. It is probable that the rhythm of the maternal movements associated with body warmth offers the infant a partial reinstatement of prenatal conditions and helps bridge over the transition from intramural to extramural life. With the infant a little more advanced or in an alert awake state rather than a sleepy one, the body contact with the mother may offer stimulation and a degree of toning up of peripheral muscles which helps in their functional maturing. Naturally then the ease and freedom from tensions with which the mother accepts these reciprocal activities contributes much to the well-being of the infant.

This fluctuation between oneness with the mother and separateness from her either through temporary loss of contact with her or through the experiencing of strong own body sensations different from what have been experienced in contact with her seems very important, as it furnishes the beginning of what will become a psychological separation as well.¹³ While it is believed that the awareness of the boundary between maternal and own body experience is at

¹² See papers of Hartmann, and Hartmann, Kris, and Loewenstein already mentioned, and Hartmann in 'Comments on the Psychoanalytic Theory of the Ego' (22).

¹³ On the basis of clinical psycho-analytic observations, I have thought that infants who slept habitually in bed with their parents were stimulated by primal scene activity and took on through vision, hearing, and kin-aesthetic sensory responses the excitement of the motility, incorporating it into general body excitability. Naturally in cases of this kind, frequently the repeated exposure to the primal scene goes on throughout a long span of time in infancy. It is not easy then to determine what is incorporated from the first months and how much it adds

to the intensity of responses to exposures of a later period. Certainly young infants react markedly and in highly individual ways to both motion and sound.

On the other hand, early deprivation of stimulation from body contact and from being handled may have serious consequences. It is well known now that babies treated by routine mass methods, as in some foundling hospitals, suffer severely in physical health as well as in their emotional development. The deficiency in bottle feeding as a substitute for breast feeding may be largely in the loss of the exercise of being handled and of the stimulation of body contact. This is especially true where bottles are propped and only the mouth and cheeks are active in the feeding.

first non-existent or very dim and then uncertain, it is evident that there is a gradual increase in the appreciation of differences.

By the end of the first six months, there is the appearance of actively asserted pressure *against* the mother as part of the growing maturational separateness. Specifically during the fourth to sixth months, it is very common to see an infant jump up and down while being held by the mother while she remains seated. As the baby pushes in a somewhat bouncing motion with his feet against her thighs or abdomen, he shows unmistakable signs of pleasure with gurgling and laughing. His activity involves ability to extend the legs and the trunk as well in rhythmic co-ordinated movements, with a much more powerful thrust than he has been able previously to command. The appearance of signs of some degree of gratification is convincing. This behaviour occurs after the extraocular muscles have matured and movements of the eye are fairly well controlled. Ordinarily then the infant is in visual contact with the face of the mother as he thus dances against her body. Earlier too, he has been wont to touch her breast and then her face with his hand in a fumbling way, but generally without much force. It is my belief that this forceful pressing or pushing activity is part of a definite phase resulting from favourable maturational development and a meshing of related functional activities to permit this new step, with some inner feeling of exhilaration and bodily confidence. It is comparable to what Hoffer described between hand to mouth and finger selection for sucking in his paper on the 'Development of the Body Ego' (27). But at this stage there is a correlation of activity of the legs, arms, and trunk, involving also vision—with the appearance of the very beginning of object relationship to the mother. The physical aggression in this behaviour is striking even though one cannot think in terms of motivation, but rather of a degree of biologically autonomous againstness, which combines with and may be augmented by the mother's tendency to respond with reciprocal motion. In this activity there may be an increasing sense of physical power and of the ability to initiate motor activity and to control it to a degree. There may also be a certain amount of reality testing in the rhythmic quality

of back-and-forthness, reminding us of the throwing of the ball (which will occur later) and the pleasure of having it returned, or of the peek-a-boo game. Furthermore, the relationship to the object (the mother) is generally maintained through vision, throughout the play. A little later babies do not need the mother's cooperation and will go through these alternately bending and straightening up motions while hanging on to a crib side or a chair.

According to my observations, partly direct but casual ones in caring for children, and in part through reconstructions in working with adult patients, there are also later stages of body maturation and awareness linked with phases of ego development. One occurs at about the fifteenth to sixteenth month or so and seems to be associated with the accomplishment of walking. A later one is associated with the period of the phallic phase.¹⁴ In both of these there is certainly a component pleasure of skin, muscle, and kinaesthetic erotism; further the genital contribution to the total body exhilaration is most apparent in the phallic phase. This, however, is beyond the limits set for this paper. But the pleasure has also an element of reaction to integration, organization, and mastery, which shows in an attitude of confidence and assurance in repetition.¹⁵ It is experienced in connexion with executive activities which predominantly involve a reaction to and on the environment, rather than a primary focus on control of bodily functions, as is the case in the activities of the special erogenous zones in the libidinal phase development. Still there is much in common and a certain amount of interrelation between the patterning of the aggressive instinctual drives and that of the sexual ones.

In the development of control of both sets of instinctual drives the attitude of the infant's partner, the mother, is of paramount importance. We are familiar with the fact that attention to self-demand in feeding and to the use of trial situations in toilet training seems to be helpful in selecting of *timing* for the regulation of schedules both for feeding and toilet training. This is then in accordance with the maturational readiness of the infant to respond adequately and with a minimum of strain. Essentially this means the appreciation of the baby as a developing organism rather than as a miniature adult,

¹⁴ I have mentioned these elsewhere chiefly in connexion with disturbance of their development in the perversions (18). Loewenstein also has noted the possible relation between these last two periods (that at about

sixteen months and that at four years) with respect to ego development (30).

¹⁵ Compare Hendrick's conception of an instinct of mastery (25) (26).

and may indicate a developed object relationship rather than a narcissistic one on the part of the parent towards the infant. It is also a matter of clinical experience that great distortion in the timing of the management of libidinal phase activities together with the accompanying disturbance in infant-mother relationship tends to promote a fixation on the special erogenous zone. Some increase in ambivalence and the provocation of conflictual aggression with consequent defence formation then occurs.

According to my conception somewhat comparable conditions may arise from an inadequate cooperation between mother and infant, if she fails to accept and respond to the maturation needs of the infant's aggressive drives, as these emerge into new constellations of organized activities. Disturbances seem to arise especially with respect to her failure to accept the infant's growing separation from her, or to see readily enough the spurts of aggressive behaviour as part of growing motor executive abilities rather than as simply increasing destructive urges threatening to the infant and to the property around him. In such instances, by curbing the child excessively either with actual physical restraint or with constantly anxious responses to his activity, she prevents the optimal utilization of the energy of the aggressive drives in the biologically creative formation of new body skills. This further interferes with the attendant pleasurable gratifications and promotion of body ego and early mental ego development. Instead there is then an increment in the destructive or cruel aggressive drives. Object relationship is impeded and turned in a hostile direction, in reaction to the interference with the maturation pressures. In attitudes of anxious restrictiveness the mother may then promote exactly what she has thought she wished to guard against, viz. outbursts of destructive temper and some constriction of learning.¹⁶ Marked and consistent interference of this kind may result in impairment of sound ego development. Conversely an optimal empathic response

to and support of the infant's developmental needs by the mother will result in utilization of a suitable portion of aggressive energy in constructive enterprise with attendant gratification. This situation strengthens ego development and promotes functions which are later the concern of the well developed ego.¹⁷

This seems to me a paradigm of that part of character structure in which the ego is able to 'neutralize' an amount of aggressive energy and use it in constructive service, first in the organization of body motility and later in the attainment of more elaborated skills of use in social relationships. This is in contrast, on the one hand to the almost exclusive abandonment to the gratification of aggressive discharge with a minimal ability to check impulses and, on the other, to the control of aggression in compulsive reaction formation with the development of strong competitive drives, conditions which may follow poor maternal handling. In the latter case the choice of activity for development of skill may be socially acceptable. But the aim of the aggressive drive is still primarily a gratification of the sadism through 'beating out' the other in competition. The apparent ego strength is then more a matter of durability, maintained at the expense of flexibility and of primary enjoyment in fruition of the skill itself. In the end, the sadism, with its attendant conflicts, may then invade or constrict other areas of character development.

The Sense of Identity, and Early Identifications in Infancy

So far, this discussion has been concerned largely with the development of the first year of life, the dependence on the mother and the increasing separation from her, owing to the maturation processes feeding infantile autonomy. The second year of life is psychologically infinitely more complex. In the first year the attachment to the mother has been established largely on the basis of her being a need-fulfilling person; 'in the second year, the child loves her

¹⁶ In connexion with the infantile reaction to restraint, J. H. Taylor, an experimental observer, concluded that infant responses to restraint (after the first few weeks) depend not so much on the external stimulus as upon an internal condition. Consequently the evaluation of observations in terms of external stimulus and overt behaviour may give rise to erroneous conclusions (40).

F. Goodenough, studying temper outbursts in early childhood, found that shows of temper in the first year occurred mostly in connexion with routine care such as dressing and bathing. By two years, however, temper outbursts occurred largely in connexion with conflict with

the mother over establishment of routine habits and about equally in conflict with her over authority in matters not directly connected with habit training. These were early studies, when pediatric advice generally was in the direction of early 'habit training' rather than fitting this to the maturational needs of the infant (15).

¹⁷ The acceptance of the aggressive pressures and assertiveness of the infant does not mean, however, a complete permissiveness and lack of any restrictions, as has sometimes been attempted by 'progressive' parents. For a discussion of these aspects of the situation see A. Freud (4).

as a separate person' (Freud and Burlingham Reports, p. 49) (6). Already after the first months of the first year and well established in the second year, is the infant's reaction to the father, which seems rarely as intense as it is towards the mother, probably owing to the lesser constancy and bodily intimacy of the contact. By this time, however, the infant may well respond to the more vigorous play of some fathers, and differentiate quite clearly his expectations as to what may be obtained in this respect from each parent. The father's place is increasingly important and complex.

The accomplishment of walking, ordinarily around 15-16 months, seems to be the definite crossing of a threshold of development and contributes, through its combination of rhythm and space, to an early stage of organization of secondary process thinking, with a strengthening of the sense of time, and of sequence. With walking there is an enlargement of the capacity of re-visiting and re-experiencing exploratory activities, which in turn lends support to the developing sense of reality, and to the very beginning of associations which will lead in the direction of awareness of consequences and reasoning. Extravertive behaviour—throwing or casting toys out, pushing chairs and small objects around—is increased; sensory experiences are multiplied and may be increasingly experienced on the infant's own initiative. I have several times watched infants at this stage (when walking can be achieved with confidence) in their delighted exploration of a wide variety of sensory experiences in a garden: smelling the flowers, patting them, feeling the texture of stones, gravel, sand; listening to the sounds of a fountain with a kind of sophisticated attention. Walking has permitted an enormous increase in the infant's world under his own relative control.

Simultaneous with this awareness of the outer world is an increasing awareness of his own body and body functions. The infant begins to pay attention to his own urinary puddles, after they have occurred, but does not show by sound or gesture a differentiation between urination and bowel movement. During the next few months there is ordinarily an increasing strength of sphincter control and regularity of rhythm; and by a year and a half or so he may communicate his excretory needs before he sees the products (13) (pp. 33-34). Greater precision of observation of his own body and the bodies of others develops, and by the end of the second year there

is an awareness of similarities and differences between the self and others, with respect to body parts and their representatives in clothing, and the expression of preferences and distastes. All this is part of the growing sense of identity and individuality, such that by the end of the next year (at 3) the young child regularly knows and can verbalize his name, his sex, and the basic facts of his family orientation (13).

There is some indication that in the first year after birth, and especially after the fourth or fifth month, the infant shows a fluctuating primitive identification alternating with a progressively increasing depth of separateness from the objects around him. This is based on his helplessness and his functioning actually as a part of and at the mercy of others and the capacity and constancy of the mother as a need-fulfilling agent. This primitive identification is thus quite different from identification, as we understand it, after the establishment of the ego, when it may be a passive, fated identification through awareness of likeness to another individual, or an active one in the wish to be or become so in form or functioning. Already sexual differences are noted, in accordance with the opportunities for observation; other differences, such as hair texture and colour, are commonly noticed.

By the sixth month after birth there is a quasi-automatic responsiveness in smiling, and the taking over through vision and body contact of the moods and tensions of others in the environment. This responsiveness gradually becomes a more complex imitativeness. By the end of the first year, an infant may go through motions imitating an adult lighting a cigarette or doing some other special task (Gesell) (13). It is doubtful whether this is an identification in the sense of a strong wish to be like another special person, such as might be clear a year later. It seems rather that it is a transitional stage between primitive identification and the more purposeful object identification which is just beginning. It may partake of the wish to try out whatever is seen in activity and be in part a motor exploration. But during the latter half of the second year, quite complicated imitations are attempted, expressing the wish to become or to recall the imitated person.

Certain characteristics of states of primitive identification have impressed me through clinical observations, though I am by no means sure that others would agree with them. While this identification belongs to the stage of incomplete

differentiation between the self and the other, and is superseded in importance by object-related identifications after the establishment of the ego and the sense of self, still it seems never to be completely abandoned. It can be and generally is repeatedly reactivated under special conditions of later life. It seems to me to be the basic nucleus of empathy and possibly one of the essential ingredients of the matrix from which transference reactions develop. Further it may throughout life be powerfully activated by contact with intense moods of others which then become highly communicable. This is especially true in group situations involving states of emotional excitement and may become an important factor in group irrationalities, such as riots and states of religious excitement.

It has also seemed to me that prolonged and unrelieved contact of an infant (during the first year or year and a half after birth) with another individual, usually another child, leaves a permanent effect of diminished differentiation of the self from the other, and consequently weakens and confuses the sense of identity, producing an effect somewhat simulating twinning (19). I have especially noticed this in certain perversions, where it seemed to contribute, along with other factors, to the uncertain sexual identity.

Concluding Remarks

In the time at my disposal for the preparation of this paper and in consideration of the reader's span of endurance, I found it not feasible to cover the subject of the *Theory of the Parent-Infant Relationship in the First Two Years* in its entirety. I have therefore limited myself to a discussion of selected problems of development within this broad framework. I have chosen those aspects of the parent-infant relationship which are especially constellated around and by the maturational forces in the infant. Here again, I have had to establish some further limits and have focussed almost exclusively on the biological beginnings of aggression as it is involved in skeletal muscle maturation, and the relation of this to the development of the ego.

I conceive of maturation as proceeding by certain stages according to general principles of growth. These stages are marked by periods of special activity accomplishment (organic learning) and are accompanied by the appearance of pleasure. The first postnatal stage of this kind seems to appear at about five months and marks

the first clear separation from the mother which is under the infant's control; and is followed by the definite emergence of the beginning mental ego. Thus there is a contrast to the earlier development arising from purely biologically determined forces in the infant, supplemented by maternal contact and care. Throughout this period of early ego emergence, the mother (or her substitute) is the partner to the infant in responsiveness to his functional attainments. Her attitude is highly important in determining how much the innate aggressive instinctual drive may be augmented by frustration at these critical periods—or the opposite—the development of gratifying and ego-strengthening realization of accomplishment.

The development of the libidinal phases has been but scantily dealt with as it has been rather thoroughly described elsewhere. There is the serious omission, however, of the contribution of oral aggression as evident in crying, biting, and the development of speech. It is of some interest, for example, that biting of the mother's nipples associated with the eruption of teeth coincides in time with the five-month period of maturation in skeletal muscle activity, and that crying seems to change from an undifferentiated type of discharge to a more specific and somewhat controlled one in the same era. The emergence of patterns of essentially visceral muscle activity with an interplay with skeletal muscle in gesture as part of communication, forms an integral part of early aggression. Certain early forms of excretory aggression might merit consideration here, though the intensity of their influence belongs more to the period between 12 and 36 months.

The developments of the second year after birth (especially the period of 18 to 24 months) having to do with the establishment of secondary process thinking, memory, the sense of reality, identifications, and the sense of identity are only briefly sketched. The consummation of speech belongs to this period also. One is impressed with the flowering of the complexities and subtleties of the infant's development after the second period of maturational achievement which I have described as occurring at about 15 to 16 months, with the accomplishment of walking.

I trust that I may be pardoned the omissions and inadequate treatment of some parts of this broad subject, with the hope to remedy these in further studies in the future.

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THE THEORY OF THE PARENT-INFANT RELATIONSHIP¹

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The main point of this paper can perhaps best be brought out through a comparison of the study of infancy with the study of the psycho-analytic transference.² It cannot be too strongly emphasized that my statement is about infancy, and not primarily about psycho-analysis. The reason why this must be understood reaches to the root of the matter. If this paper does not contribute constructively, then it can only add to the existing confusion about the relative importance of personal and environmental influences in the development of the individual.

In psycho-analysis as we know it there is no trauma that is outside the individual's omnipotence. Everything eventually comes under ego-control, and thus becomes related to secondary processes. The patient is not helped if the analyst says: 'Your mother was not good enough . . . your father really seduced you . . . your aunt dropped you.' Changes come in an analysis when the traumatic factors enter the psycho-analytic material in the patient's own way, and within the patient's omnipotence. The interpretations that are alternative are those that can be made in terms of projection. The same applies to the benign factors, factors that led to satisfaction. Everything is interpreted in terms of the individual's love and ambivalence. The analyst is prepared to wait a long time to be in a position to do exactly this kind of work.

In infancy, however, good and bad things happen to the infant that are quite outside the infant's range. In fact infancy is the period in which the capacity for gathering external factors into the area of the infant's omnipotence is in process of formation. The ego support of the maternal care enables the infant to live and

develop in spite of his being not yet able to control, or to feel responsible for, what is good and bad in the environment.

The events of these earliest stages cannot be thought of as lost through what we know as the mechanisms of repression, and therefore analysts cannot expect to find them appearing as a result of work which lessens the forces of repression. It is possible that Freud was trying to allow for these phenomena when he used the term primary repression, but this is open to argument. What is fairly certain is that the matters under discussion here have had to be taken for granted in much of the psycho-analytic literature.³

Returning to psycho-analysis, I have said that the analyst is prepared to wait till the patient becomes able to present the environmental factors in terms that allow of their interpretation as projections. In the well-chosen case this result comes from the patient's capacity for confidence, which is rediscovered in the reliability of the analyst and the professional setting. Sometimes the analyst needs to wait a very long time; and in the case that is *badly* chosen for classical psycho-analysis it is likely that the reliability of the analyst is the most important factor (or more important than the interpretations) because the patient did not experience such reliability in the maternal care of infancy, and if the patient is to make use of such reliability he will need to find it for the first time in the analyst's behaviour. This would seem to be the basis for research into the problem of what a psycho-analyst can do in the treatment of schizophrenia and other psychoses.

In 'borderline' cases the analyst does not always wait in vain; in the course of time the patient becomes able to make use of the psycho-analytic interpretations of the original traumata

angle in 'Primitive Emotional Development' (10).

³ I have reported (18) some aspects of this problem, as met with in the case of a female patient while she was in deep regression.

¹ This paper, together with Dr Greenacre's paper in this issue, will be the subject of a Discussion at the 22nd International Psycho-Analytical Congress at Edinburgh, July/August 1961.

² I have discussed this from a more detailed clinical

as projections. It may even happen that he is able to accept what is good in the environment as a projection of the simple and stable going-on-being elements that derive from his own inherited potential.

The paradox is that what is good and bad in the infant's environment is not in fact a projection, but in spite of this it is necessary, if the individual infant is to develop healthily, that everything shall seem to him to be a projection. Here we find omnipotence and the pleasure principle in operation, as they certainly are in earliest infancy; and to this observation we can add that the recognition of a true 'not-me' is a matter of the intellect; it belongs to extreme sophistication and to the maturity of the individual.

In the writings of Freud most of the formulations concerning infancy derive from a study of adults in analysis. There are some childhood observations ('Cotton reel' material (5)), and there is the analysis of Little Hans (3). At first sight it would seem that a great deal of psycho-analytic theory is about early childhood and infancy, but in one sense Freud can be said to have neglected infancy as a state. This is brought out by a footnote in 'Formulations on the Two Principles of Mental Functioning' (4, p. 220) in which he shows that he knows he is taking for granted the very things that are under discussion in this paper. In the text he traces the development from the pleasure-principle to the reality-principle, following his usual course of reconstructing the infancy of his adult patients. The note runs as follows:

'It will rightly be objected that an organization which was a slave to the pleasure principle and neglected the reality of the external world could not maintain itself alive for the shortest time, so that it could not have come into existence at all. The employment of a fiction like this is, however, justified when one considers that the infant—provided one includes with it the care it receives from its mother—does almost realize a psychical system of this kind.'

Here Freud paid full tribute to the function of maternal care, and it must be assumed that he left this subject alone only because he was not ready to discuss its implications. The note continues:

'I once said: 'There is no such thing as an infant', meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant. (Discussion at a Scientific Meeting

'It probably hallucinates the fulfilment of its internal needs; it betrays its unpleasure, when there is an increase of stimulus and an absence of satisfaction, by the motor discharge of screaming and beating about with its arms and legs, and it then experiences the satisfaction it has hallucinated. Later, as an older child, it learns to employ these manifestations of discharge intentionally as methods of expressing its feelings. Since the later care of children is modelled on the care of infants, the dominance of the pleasure principle can really come to an end only when a child has achieved complete psychical detachment from its parents.'

The words: 'provided one includes with it the care it receives from its mother' have great importance in the context of this study. The infant and the maternal care together form a unit.⁴ Certainly if one is to study the theory of the parent-infant relationship one must come to a decision about these matters, which concern the real meaning of the word dependence. It is not enough that it is acknowledged that the environment is important. If there is to be a discussion of the theory of the parent-infant relationship, then we are divided into two if there are some who do not allow that at the earliest stages the infant and the maternal care belong to each other and cannot be disentangled. These two things, the infant and the maternal care, disentangle and dissociate themselves in health; and health, which means so many things, to some extent means a disentanglement of maternal care from something which we then call the infant or the beginnings of a growing child. This idea is covered by Freud's words at the end of the footnote: 'the dominance of the pleasure principle can really come to an end only when a child has achieved complete psychical detachment from its parents'. (The middle part of this footnote will be discussed in a later section, where it will be suggested that Freud's words here are inadequate and misleading in certain respects, if taken to refer to the earliest stage.)

The Word 'Infant'

In this paper the word infant will be taken to refer to the very young child. It is necessary to say this because in Freud's writings the word sometimes seems to include the child up to the age of the passing of the Oedipus complex. Actually the word infant implies 'not talking'

of the British Psycho-Analytical Society, circa 1940). Was I influenced, without knowing it, by this footnote of Freud's?

(*infans*), and it is not un-useful to think of infancy as the phase prior to word presentation and the use of word symbols. The corollary is that it refers to a phase in which the infant depends on maternal care that is based on maternal empathy rather than on understanding of what is or could be verbally expressed.

This is essentially a period of ego development, and integration is the main feature of such development. The id-forces clamour for attention. At first they are external to the infant. In health the id becomes gathered into the service of the ego, and the ego masters the id, so that id-satisfactions become ego-strengtheners. This, however, is an achievement of healthy development and in infancy there are many variants dependent on relative failure of this achievement. In the ill-health of infancy achievements of this kind are minimally reached, or may be won and lost. In infantile psychosis (or schizophrenia) the id remains relatively or totally 'external' to the ego, and id-satisfactions remain physical, and have the effect of threatening the ego structure, until, that is, defences of psychotic quality are organized.⁵

I am here supporting the view that the main reason why in infant development the infant usually becomes able to master, and the ego to include, the id, is the fact of the maternal care, the maternal ego implementing the infant ego and so making it powerful and stable. How this takes place will need to be examined, and also how the infant ego eventually becomes free of the mother's ego support, so that the infant achieves mental detachment from the mother, that is, differentiation into a separate personal self.

In order to examine the parent-infant relationship it is necessary first to attempt a brief statement of the theory of infant emotional development.

Historical

In psycho-analytic theory as it grew up the early hypothesis concerned the id and the ego mechanisms of defence. It was understood that the id arrived on the scene very early indeed,

and Freud's discovery and description of pre-genital sexuality, based on his observations of the regressive elements found in genital fantasy and play and in dreams, are main features of clinical psychology.

Ego mechanisms of defence were gradually formulated.⁶ These mechanisms were assumed to be organized in relation to anxiety which derived either from instinct tension or from object loss. This part of psycho-analytic theory presupposes a separateness of the self and a structuring of the ego, perhaps a personal body scheme. At the level of the main part of this paper this state of affairs cannot yet be assumed. The discussion centres round the establishment of precisely this state of affairs, namely the structuring of the ego which makes anxiety from instinct tension or object loss possible. Anxiety at this early stage is not castration anxiety or separation anxiety; it relates to quite other things, and is, in fact, anxiety about annihilation (cf. the *aphanisis* of Jones).

In psycho-analytic theory ego mechanisms of defence largely belong to the idea of a child that has an independence, a truly personal defence organization. On this borderline the researches of Klein add to Freudian theory by clarifying the interplay of primitive anxieties and defence mechanisms. This work of Klein concerns earliest infancy, and draws attention to the importance of aggressive and destructive impulses that are more deeply rooted than those that are reactive to frustration and related to hate and anger; also in Klein's work there is a dissection of early defences against primitive anxieties, anxieties that belong to the first stages of the mental organization (splitting, projection, and introjection).

What is described in Melanie Klein's work clearly belongs to the life of the infant in its earliest phases, and to the period of dependence with which this paper is concerned. Melanie Klein made it clear that she recognized that the environment was important at this period, and in various ways at all stages.⁷ I suggest, however, that her work and that of her co-workers leaves open for further consideration the development

⁵ I have tried to show the application of this hypothesis to an understanding of psychosis in my paper: 'Psychoses and Child Care' (15).

⁶ Researches into defence mechanisms which followed Anna Freud's 'The Ego and its Mechanisms of Defence' (1) have from a different route arrived at a re-evaluation of the role of mothering in infant care and early infant development. Anna Freud (2) has reassessed her views on the matter. Willi Hoffer also has made observations

relating to this area of development (8). My emphasis in this paper, however, is on the importance of an understanding of the role of the early parental environment in infant development, and on the way this becomes of clinical significance for us in our handling of certain types of case with affective and character disorders.

⁷ I have given a detailed account of my understanding of Melanie Klein's work in this area in two papers (16, 21). See Klein (9, p. 297).

of the theme of full dependence, that which appears in Freud's phrase: '... the infant, provided one includes with it the care it receives from its mother ...' There is nothing in Klein's work that contradicts the idea of absolute dependence, but there seems to me to be no specific reference to a stage at which the infant exists only because of the maternal care, together with which it forms a unit.

What I am bringing forward for consideration here is the difference between the analyst's acceptance of the reality of dependence, and his working with it in the transference.⁸

It would seem that the study of ego defences takes the investigator back to pregenital id-manifestations, whereas the study of ego psychology takes him back to dependence, to the maternal-care-infant unit.

One half of the theory of the parent-infant relationship concerns the infant, and is the theory of the infant's journey from absolute dependence, through relative dependence, to independence, and, in parallel, the infant's journey from the pleasure principle to the reality principle, and from autoerotism to object relationships. The other half of the theory of the parent-infant relationship concerns maternal care, that is to say the qualities and changes in the mother that meet the specific and developing needs of the infant towards whom she orientates.

A. THE INFANT

The key word in this part of the study is *dependence*. Human infants cannot start to *be* except under certain conditions. These conditions are studied below, but they are part of the psychology of the infant. Infants come into *being* differently according to whether the conditions are favourable or unfavourable. At the same time conditions do not determine the infant's potential. This is inherited, and it is legitimate to study this inherited potential of the individual as a separate issue, *provided always that it is accepted that the inherited potential of an infant cannot become an infant unless linked to maternal care.*

The inherited potential includes a tendency towards growth and development. All stages of emotional growth can be roughly dated. Presumably all developmental stages have a date in each individual child. Nevertheless, not only do these dates vary from child to child, but also, *even if they were known in advance* in the case

of a given child, they could not be used in predicting the child's actual development because of the other factor, maternal care. If such dates could be used in prediction at all, it would be on the basis of assuming a maternal care that is adequate in the important respects. (This obviously does not mean adequacy only in the physical sense; the meaning of adequacy and inadequacy in this context is discussed below.)

The Inherited Potential and Its Fate

It is necessary here to attempt to state briefly what happens to the inherited potential if this is to develop into an infant, and thereafter into a child, a child reaching towards independent existence. Because of the complexities of the subject such a statement must be made on the assumption of satisfactory maternal care, which means parental care. Satisfactory parental care can be classified roughly into three overlapping stages:

- (a) Holding.
- (b) Mother and infant living together. Here the father's function (of dealing with the environment for the mother) is not known to the infant.
- (c) Father, mother, and infant, all three living together.

The term 'holding' is used here to denote not only the actual physical holding of the infant, but also the total environmental provision prior to the concept of *living with*. In other words, it refers to a three-dimensional or space relationship with time gradually added. This overlaps with, but is initiated prior to, instinctual experiences that in time would determine object relationships. It includes the management of experiences that are inherent in existence, such as the *completion* (and therefore the *non-completion*) of processes, processes which from the outside may seem to be purely physiological but which belong to infant psychology and take place in a complex psychological field, determined by the awareness and the empathy of the mother. (This concept of holding is further discussed below.)

The term 'living with' implies object relationships, and the emergence of the infant from the state of being merged with the mother, or his perception of objects as external to the self.

This study is especially concerned with the 'holding' stage of maternal care, and with the

⁸ For a clinical example see (17).

complex events in infants' psychological development that are related to this holding phase. It should be remembered, however, that a division of one phase from another is artificial, and merely a matter of convenience, adopted for the purpose of clearer definition.

Infant Development During the Holding Phase

In the light of this some characteristics of infant development during this phase can be enumerated. It is at this stage that

- primary process
- primary identification
- auto-erotism
- primary narcissism

are living realities.

In this phase the ego changes over from an unintegrated state to a structured integration, and so the infant becomes able to experience anxiety associated with disintegration. The word disintegration begins to have a meaning which it did not possess before ego integration became a fact. In healthy development at this stage the infant retains the capacity for re-experiencing unintegrated states, but this depends on the continuation of reliable maternal care or on the build-up in the infant of memories of maternal care beginning gradually to be perceived as such. The result of healthy progress in the infant's development during this stage is that he attains to what might be called 'unit status'. The infant becomes a person, an individual in his own right.

Associated with this attainment is the infant's psychosomatic existence, which begins to take on a personal pattern; I have referred to this as the psyche indwelling in the soma.⁹ The basis for this indwelling is a linkage of motor and sensory and functional experiences with the infant's new state of being a person. As a further development there comes into existence what might be called a limiting membrane, which to some extent (in health) is equated with the surface of the skin, and has a position between the infant's 'me' and his 'not-me'. So the infant comes to have an inside and an outside, and a body-scheme. In this way meaning comes to the function of intake and output; moreover, it gradually becomes meaningful to postulate a personal or inner psychic reality for the infant.¹⁰

During the holding phase other processes are initiated; the most important is the dawn of intelligence and the beginning of a mind as something distinct from the psyche. From this follows the whole story of the secondary processes and of symbolic functioning, and of the organization of a personal psychic content, which forms a basis for dreaming and for living relationships.

At the same time there starts in the infant a joining up of two roots of impulsive behaviour. The term 'fusion' indicates the positive process whereby diffuse elements that belong to movement and to muscle erotism become (in health) fused with the orgiastic functioning of the erotogenic zones. This concept is more familiar as the reverse process of defusion, which is a complicated defence in which aggression becomes separated out from erotic experience after a period in which a degree of fusion has been achieved. All these developments belong to the environmental condition of *holding*, and without a good enough holding these stages cannot be attained, or once attained cannot become established.

A further development is in the capacity for object relationships. Here the infant changes from a relationship to a subjectively conceived object to a relationship to an object objectively perceived. This change is closely bound up with the infant's change from being merged with the mother to being separate from her, or to relating to her as separate and 'not-me'. This development is not specifically related to the holding, but is related to the phase of 'living with'...

Dependence

In the holding phase the infant is maximally dependent. One can classify dependence thus:

(i) *Absolute Dependence*. In this state the infant has no means of knowing about the maternal care, which is largely a matter of prophylaxis. He cannot gain control over what is well and what is badly done, but is only in a position to gain profit or to suffer disturbance.

(ii) *Relative Dependence*. Here the infant can become aware of the need for the details of maternal care, and can to a growing extent relate them to personal impulse, and then later, in a psycho-analytic treatment, can reproduce them in the transference.

⁹ For an earlier statement by me on this issue see (13).

¹⁰ Here the work on primitive fantasy, with whose richness and complexity we are familiar through the

teachings of Melanie Klein, becomes applicable and appropriate.

(iii) *Towards Independence.* The infant develops means for doing without actual care. This is accomplished through the accumulation of memories of care, the projection of personal needs and the introjection of care details, with the development of confidence in the environment. Here must be added the element of intellectual understanding with its tremendous implications.

Isolation of the Individual

Another phenomenon that needs consideration at this phase is the hiding of the core of the personality. Let us examine the concept of a central or true self. The central self could be said to be the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body scheme.¹¹ It seems necessary to allow for the concept of the isolation of this central self as a characteristic of health. Any threat to this isolation of the true self constitutes a major anxiety at this early stage, and defences of earliest infancy appear in relation to failures on the part of the mother (or in maternal care) to ward off impingements which might disturb this isolation.

Impingements may be met and dealt with by the ego organization, gathered into the infant's omnipotence and sensed as projections.¹² On the other hand they may get through this defence in spite of the ego support which maternal care provides. Then the central core of the ego is affected, and this is the very nature of psychotic anxiety. In health the individual soon becomes invulnerable in this respect, and if external factors impinge there is merely a new degree and quality in the hiding of the central self. In this respect the best defence is the organization of a false self. Instinctual satisfactions and object relationships themselves constitute a threat to the individual's personal going-on-being. *Example:* a baby is feeding at the breast and obtains satisfaction. This fact by itself does not indicate whether he is having an ego-syntonic id experience or, on the contrary, is suffering the trauma of a seduction, a threat to personal ego continuity, a threat by an id experience which is not ego-syntonic, and with which the ego is not equipped to deal.

In health object relationships can be developed on the basis of a compromise, one which involves the individual in what later would be called cheating and dishonesty, whereas a direct relationship is possible only on the basis of regression to a state of being merged with the mother.

Annihilation¹³

Anxiety in these early stages of the parent-infant relationship relates to the threat of annihilation, and it is necessary to explain what is meant by this term.

In this phase which is characterized by the essential existence of a holding environment, the 'inherited potential' is becoming itself a 'continuity of being'. The alternative to being is reacting, and reacting interrupts being and annihilates. Being and annihilation are the two alternatives. The holding environment therefore has as its main function the reduction to a minimum of impingements to which the infant must react with resultant annihilation of personal being. Under favourable conditions the infant establishes a continuity of existence and then begins to develop the sophistications which make it possible for impingements to be gathered into the area of omnipotence. At this stage the word death has no possible application, and this makes the term death instinct unacceptable in describing the root of destructiveness. Death has no meaning until the arrival of hate and of the concept of the whole human person. When a whole human person can be hated, death has meaning, and close on this follows that which can be called maiming; the whole hated and loved person is kept alive by being castrated or otherwise maimed instead of killed. These ideas belong to a phase later than that characterized by dependence on the holding environment.

Freud's Footnote Re-examined

At this point it is necessary to look again at Freud's statement quoted earlier. He writes: 'Probably it (the baby) hallucinates the fulfilment of its inner needs; it betrays its pain due to increase of stimulation and delay of satisfaction by the motor discharge of crying and struggling, and then experiences the hallucinated satisfaction.' The theory indicated in this part of the

¹¹ In another paper (22) I have tried to discuss another aspect of this developmental phase as we see it in adult health. Cf. Greenacre (7).

¹² I am using the term 'projections' here in a descriptive and dynamic and not in its full metapsychological sense. The function of primitive psychic mech-

anisms, such as introjection, projection, and splitting, falls beyond the scope of this paper.

¹³ I have described clinical varieties of this type of anxiety from a slightly different aspect in a previous paper (12).

statement fails to cover the requirements of the earliest phase. Already by these words reference is being made to object relationships, and the validity of this part of Freud's statement depends on his taking for granted the earlier aspects of maternal care, those which are here described as belonging to the holding phase. On the other hand, this sentence of Freud fits exactly the requirements in the next phase, that which is characterized by a relationship between infant and mother in which object relationships and instinctual or erotogenic-zone satisfactions hold sway; that is, when development proceeds well.

B. THE ROLE OF THE MATERNAL CARE

I shall now attempt to describe some aspects of maternal care, and especially holding. In this paper the concept of holding is important, and a further development of the idea is necessary. The word is here used to introduce a full development of the theme contained in Freud's phrase '... when one considers that the infant—provided one includes with it the care it receives from its mother—does almost realize a psychical system of this kind.' I refer to the actual state of the infant-mother relationship at the beginning when the infant has not separated out a self from the maternal care on which there exists absolute dependence in a psychological sense.¹⁴

At this stage the infant needs and in fact usually gets an environmental provision which has certain characteristics:

It meets physiological needs. Here physiology and psychology have not yet become distinct, or are only in the process of doing so; and

It is reliable. But the environmental provision is not mechanically so. It is reliable in a way that implies the mother's empathy.

Holding

Protects from physiological insult.

Takes account of the infant's skin sensitivity—touch, temperature, auditory sensitivity, visual sensitivity, sensitivity to falling (action of gravity) and of the infant's lack of knowledge of the existence of anything other than the self.

It includes the whole routine of care through-

out the day and night, and it is not the same with any two infants because it is part of the infant, and no two infants are alike.

Also it follows the minute day-to-day changes belonging to the infant's growth and development, both physical and psychological.

It should be noted that mothers who have it in them to provide good enough care can be enabled to do better by being cared for themselves in a way that acknowledges the essential nature of their task. Mothers who do not have it in them to provide good enough care cannot be made good enough by mere instruction.

Holding includes especially the physical holding of the infant, which is a form of loving. It is perhaps the only way in which a mother can show the infant her love of it. There are those who can hold an infant and those who cannot; the latter quickly produce in the infant a sense of insecurity, and distressed crying.

All this leads right up to, includes, and co-exists with the establishment of the infant's first object relationships and his first experiences of instinctual gratification.¹⁵

It would be wrong to put the instinctual gratification (feeding etc.) or object relationships (relation to the breast) before the matter of ego organization (i.e. infant ego reinforced by maternal ego). The basis for instinctual satisfaction and for object relationships is the handling and the general management and the care of the infant, which is only too easily taken for granted when all goes well.

The mental health of the individual, in the sense of freedom from psychosis or liability to psychosis (schizophrenia), is laid down by this maternal care, which when it goes well is scarcely noticed, and is a continuation of the physiological provision that characterizes the prenatal state. This environmental provision is also a continuation of the tissue aliveness and the functional health which (for the infant) provides silent but vitally important ego support. In this way schizophrenia or infantile psychosis or a liability to psychosis at a later date is related to a failure of environmental provision. This is not to say, however, that the ill effects of such failure cannot be described in terms of ego distortion and of the defences against primitive

¹⁴ Reminder: to be sure of separating this off from object-relationships and instinct-gratification I must artificially confine my attention to the body needs of a general kind. A patient said to me: 'A good analytic

hour in which the right interpretation is given at the right time is a good feed'.

¹⁵ For further discussion of this aspect of the developmental processes see my paper (14).

anxieties, that is to say in terms of the individual. It will be seen, therefore, that the work of Klein on the splitting defence mechanisms and on projections and introjections and so on, is an attempt to state the effects of failure of environmental provision in terms of the individual. This work on primitive mechanisms gives the clue to only one part of the story, and a reconstruction of the environment and of its failures provides the other part. This other part cannot appear in the transference because of the patient's lack of knowledge of the maternal care, either in its good or in its failing aspects, as it existed in the original infantile setting.

Examination of One Detail of Maternal Care

I will give an example to illustrate subtlety in infant care. An infant is merged with the mother, and while this remains true the nearer the mother can come to an exact understanding of the infant's needs the better. A change, however, comes with the end of merging, and this end is not necessarily gradual. As soon as mother and infant are separate, from the infant's point of view, then it will be noted that the mother tends to change in her attitude. It is as if she now realizes that the infant no longer expects the condition in which there is an almost magical understanding of need. The mother seems to know that the infant has a new capacity, that of giving a signal so that she can be guided towards meeting the infant's needs. It could be said that if now she knows too well what the infant needs, this is magic and forms no basis for an object relationship. Here we get to Freud's words: 'It (the infant) probably hallucinates the fulfilment of its internal needs; it betrays its unpleasure, when there is an increase of stimulus and an absence of satisfaction, by the motor discharge of screaming and beating about with its arms and legs, and it then experiences the satisfaction it has hallucinated.' In other words, at the end of merging, when the child has become separate from the environment, an important feature is that the infant has to give a signal.¹⁶ We find this subtlety appearing clearly in the transference in our analytic work. It is very important, except when the patient is regressed to earliest infancy and to a state of merging, that the analyst shall *not* know the answers except in so far as the patient gives the clues. The analyst gathers the clues and makes the interpretations, and it often happens that

patients fail to give the clues, making certain thereby that the analyst can do nothing. This limitation of the analyst's power is important to the patient, just as the analyst's power is important, represented by the interpretation that is right and that is made at the right moment, and that is based on the clues and the unconscious co-operation of the patient who is supplying the material which builds up and justifies the interpretation. In this way the student analyst sometimes does better analysis than he will do in a few years' time when he knows more. When he has had several patients he begins to find it irksome to go as slowly as the patient is going, and he begins to make interpretations based not on material supplied on that particular day by the patient but on his own accumulated knowledge or his adherence for the time being to a particular group of ideas. This is of no use to the patient. The analyst may appear to be very clever, and the patient may express admiration, but in the end the correct interpretation is a trauma, which the patient has to reject, because it is not his. He complains that the analyst attempts to hypnotize him, that is to say, that the analyst is inviting a severe regression to dependence, pulling the patient back to a merging in with the analyst.

The same thing can be observed with the mothers of infants; mothers who have had several children begin to be so good at the technique of mothering that they do all the right things at the right moments, and then the infant who has begun to become separate from the mother has no means of gaining control of all the good things that are going on. The creative gesture, the cry, the protest, all the little signs that are supposed to produce what the mother does, all these things are missing, because the mother has already met the need just as if the infant were still merged with her and she with the infant. In this way the mother, by being a seemingly good mother, does something worse than castrate the infant. The latter is left with two alternatives; either being in a permanent state of regression and of being merged with the mother, or else staging a total rejection of the mother, even of the seemingly good mother.

We see therefore that in infancy and in the management of infants there is a very subtle distinction between the mother's understanding of her infant's need based on empathy, and her change over to an understanding based on

¹⁶ Freud's later theory of anxiety as a signal to the ego (6).

something in the infant or small child that indicates need. This is particularly difficult for mothers because of the fact that children vacillate between one state and the other; one minute they are merged with their mothers and require empathy, while the next they are separate from her, and then if she knows their needs in advance she is dangerous, a witch. It is a very strange thing that mothers who are quite uninstructed adapt to these changes in their developing infants satisfactorily and without any knowledge of the theory. This detail is reproduced in psycho-analytic work with borderline cases, and in all cases at certain moments of great importance when dependence in transference is maximal.

Unawareness of Satisfactory Maternal Care

It is axiomatic in these matters of maternal care of the holding variety that when things go well the infant has no means of knowing what is being properly provided and what is being prevented. On the other hand it is when things do not go well that the infant becomes aware, not of the failure of maternal care, but of the results, whatever they may be, of that failure; that is to say, the infant becomes aware of reacting to some impingement. As a result of success in maternal care there is built up in the infant a continuity of being which is the basis of ego strength; whereas the result of each failure in maternal care is that the continuity of being is interrupted by reactions to the consequences of that failure, with resultant ego-weakening.¹⁷ Such interruptions constitute annihilation, and are evidently associated with pain of psychotic quality and intensity. In the extreme case the infant exists only on the basis of a continuity of reactions to impingement and of recoveries from such reactions. This is in great contrast to the continuity of being which is my conception of ego strength.

C. THE CHANGES IN THE MOTHER

It is important in this context to examine the changes that occur in women who are about to have a baby or who have just had one. These changes are at first almost physiological, and they start with the physical holding of the baby

in the womb. Something would be missing, however, if a phrase such as 'maternal instinct' were used in description. The fact is that in health women change in their orientation to themselves and to the world, but however deeply rooted in physiology such changes may be, they can be distorted by mental ill-health in the woman. It is necessary to think of these changes in psychological terms and this in spite of the fact that there may be endocrinological factors which can be affected by medication.

No doubt the physiological changes sensitize the woman to the more subtle psychological changes that follow.

Soon after conception, or when conception is known to be possible, the woman begins to alter in her orientation, and to be concerned with the changes that are taking place within her. In various ways she is encouraged by her own body to be interested in herself.¹⁸ The mother shifts some of her sense of self on to the baby that is growing within her. The important thing is that there comes into existence a state of affairs that merits description and the theory of which needs to be worked out.

The analyst who is meeting the needs of a patient who is reliving these very early stages in the transference undergoes similar changes of orientation; and the analyst, unlike the mother, needs to be aware of the sensitivity which develops in him or her in response to the patient's immaturity and dependence. This could be thought of as an extension of Freud's description of the analyst as being in a voluntary state of attentiveness.

A detailed description of the changes in orientation in a woman who is becoming or who has just become a mother would be out of place here, and I have made an attempt elsewhere to describe these changes in popular or non-technical language (23).

There is a psychopathology of these changes in orientation, and the extremes of abnormality are the concern of those who study the psychology of puerperal insanity. No doubt there are many variations in quality which do not constitute abnormality. It is the degree of distortion that constitutes abnormality.

By and large mothers do in one way or an-

¹⁷ In character cases it is this ego-weakening and the individual's various attempts to deal with it that presents itself for immediate attention, and yet only a true view of the etiology can make possible a sorting out of the defence aspect of this presenting symptom from its origin in environmental failure. I have referred to one specific

aspect of this in the diagnosis of the antisocial tendency as the basic problem behind the Delinquency Syndrome (19).

¹⁸ For a more detailed statement on this point see: 'Primary Maternal Preoccupation' (20).

other identify themselves with the baby that is growing within them, and in this way they achieve a very powerful sense of what the baby needs. This is a projective identification. This identification with the baby lasts for a certain length of time after parturition, and then gradually loses significance.

In the ordinary case the mother's special orientation to the infant carries over beyond the birth process. The mother who is not distorted in these matters is ready to let go of her identification with the infant as the infant needs to become separate. It is possible to provide good initial care, but to fail to complete the process through an inability to let it come to an end, so that the mother tends to remain merged with her infant and to delay the infant's separation from her. It is in any case a difficult thing for a mother to separate from her infant at the same speed at which the infant needs to become separate from her.¹⁹

The important thing, in my view, is that the mother through identification of herself with her infant knows what the infant feels like and so is able to provide almost exactly what the infant needs in the way of holding and in the provision of an environment generally. Without such an identification I consider that she is not able to provide what the infant needs at the beginning, which is *a live adaptation to the infant's needs*. The main thing is the physical holding, and this is the basis of all the more complex aspects of holding, and of environmental provision in general.

It is true that a mother may have a baby who is very different from herself so that she miscalculates. The baby may be quicker or slower than she is, and so on. In this way there may be times when what she feels the baby needs is not in fact correct. However, it seems to be usual that mothers who are not distorted by ill-health or by present-day environmental stress do tend on the whole to know what their infants need accurately enough, and further, they like to provide what is needed. This is the essence of maternal care.

With 'the care that it receives from its mother' each infant is able to have a personal existence, and so begins to build up what might be called *a continuity of being*. On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal

care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement.

All this has significance for the analyst. Indeed it is not from direct observation of infants so much as from the study of the transference in the analytic setting that it is possible to gain a clear view of what takes place in infancy itself. This work on infantile dependence derives from the study of the transference and counter-transference phenomena that belong to the psycho-analyst's involvement with the borderline case. In my opinion this involvement is a legitimate extension of psycho-analysis, the only real alteration being in the diagnosis of the illness of the patient, the etiology of whose illness goes back behind the Oedipus complex, and involves a distortion at the time of absolute dependence.

Freud was able to discover infantile sexuality in a new way because he reconstructed it from his analytic work with psycho-neurotic patients. In extending his work to cover the treatment of the borderline psychotic patient it is possible for us to reconstruct the dynamics of infancy and of infantile dependence, and of the maternal care that meets this dependence.

Summary

(i) An examination is made of infancy; this is not the same as an examination of primitive mental mechanisms.

(ii) The main feature of infancy is dependence; this is discussed in terms of the holding environment.

(iii) Any study of infancy must be divided into two parts:

(a) Infant development facilitated by good-enough maternal care;

(b) Infant development distorted by maternal care that is not good enough.

(iv) The infant ego can be said to be weak, but in fact is strong because of the ego support of maternal care. Where maternal care fails the weakness of the infant ego becomes apparent.

(v) Processes in the mother (and in the father) bring about, in health, a special state in which the parent is orientated to the infant, and is thus in a position to meet the infant's dependence. There is a pathology of these processes.

¹⁹ Case-material to illustrate one type of problem that is met with clinically and relates to this group of ideas is presented in an earlier paper (11).

(vi) Attention is drawn to the various ways in which these conditions inherent in what is here termed the holding environment can or cannot

appear in the transference if at a later date the infant should come into analysis.

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A THIRD CONTRIBUTION TO THE STUDY OF SLIPS OF THE TONGUE

By

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In my first paper on slips of the tongue (1), published in 1936, I expressed the view that in studying this subject we should not neglect the so-called intention interfered with because, in addition to its conscious harmless meaning, this intention is tinged with an unconscious prohibited quality. I described the mechanism of slips of the tongue in these words:

'A phrase or a word which should have been pronounced has not only a conscious but also an unconscious significance, the latter representing the gratification of an infantile instinctual wish. This wish belongs to the id and the unconscious part of the ego takes up a defence to prevent it from being satisfied. The defence is a twofold process: (a) The instinct fusion which is pressing for a gratification is turned against the self; (b) the opposite type of instinct fusion is mobilized.'

Despite the fact that Freud (8) accepted my criticism of his original explanation and agreed with me that slips of the tongue should be regarded not as a break-through of an infantile wish but rather as a defence against such a wish, the distinction I made has received only limited recognition.

My second contribution to the subject (2) dealt with the problem of the narcissistic mortification present in slips of the tongue. In the present paper I shall try to use slips of the tongue in examining the pleasure-unpleasure principle as manifested in their formation.

According to Freud, two goals dominate our life, acquiring pleasure and eliminating unpleasure. The fact that in many actions both goals are pursued at one and the same time does not mean that we cannot for psycho-analytic purposes separate the two. Originally Freud expressed the opinion that pleasure increases while tension is being discharged. Subsequently he corrected his statement, pointing out that the examination of pleasure present in sexual

intercourse shows that under certain conditions pleasure increases while we undergo an increase of tension.

Revising his original formulation, Freud said that we have to differentiate between two kinds of pleasure: that which is present while our tension increases, and that wherein we experience a decrease of tension and finally a disappearance of pleasure. He went on to say that the pleasure connected with an increase of tension is produced by stimulation of erotogenic zones, and he called it forepleasure. Endpleasure was the term he reserved for that which is felt while tension is being discharged.

In previous papers I expressed the opinion that so-called forepleasure, namely that connected with an increase of tension, may be experienced *without* stimulation of erotogenic zones. Moreover, I held that the anticipation of a final discharge of tension produces under certain circumstances a sensation of forepleasure. Only if we anticipate the final genital discharge does the stimulation of erotogenic zones produce forepleasure. I also suggested that forepleasure can be experienced in the infantile stages of development (5).

Today, on the basis of additional observations, I have the impression that the experience of forepleasure, which Freud maintained is always a conscious one taking place in the ego or perhaps in the total personality, is always connected with and indeed only possible where there is experience of instinctual tension and simultaneous anticipation of a final discharge of this tension in the near future.

Like hunger or thirst, the experience of unpleasure appears to be the result of an accumulation or disappearance of certain metabolites which were either accumulated in excess or used up. This experience of unpleasure can be eliminated if the original balance of metabolites is restored by incorporating or eliminat-

ing certain metabolites. I would call such an elimination of unpleasure an *instinctual satisfaction*. It may be accomplished by the actions either of the subject or the object or both. For instance, a child eats, or the mother feeds the child.

Pleasure (fore- and endpleasure) appears to be a kind of premium we learn to experience, provided we accept for a certain time the unpleasure of instinctual tension and then proceed to eliminate this tension by finding an object pleasing to our senses and setting in motion the kind of muscular activity required to obtain this object.

Separating the concept of pleasure from that of satisfaction, we can no longer assume that a patient in his neurosis experiences pleasure which he is unaware of, yet which, according to Freud, may not be described as unconscious. Instead, we may say that whenever a patient has some decrease of tension with the help of his symptom or his neurotic character trait he experiences an instinctual satisfaction.

As previously mentioned, during the experience of forepleasure our instinctual tension increases. I should like to suggest that the phenomenon of pleasure be divided into three categories: (i) Pleasure which we experience when anticipating a final discharge of the tension we feel. Such pleasure might be termed 'anticipated pleasure'. (ii) Pleasure which takes place as a result of the stimulation of our senses by a pleasing object—'sensuous pleasure'. (iii) Pleasure when we gain the pleasing object—'endpleasure'. This kind of pleasure, as previously mentioned, disappears with the beginning of the instinctual discharge. When we are hungry and anticipate partaking of a tasty meal, we experience anticipated pleasure. This turns into sensuous pleasure when a delectable dish is set before us and we can see it and inhale the appetizing odours. The moment we begin to eat, we are having endpleasure, which gradually fades as the food is consumed. Finally, as the food is being digested, the instinctual tension disappears and there is instinctual satisfaction.

Conscious experience of pleasure and unpleasure probably does not take place *in utero* (4), but appears only after birth. The embryo may suffer some kind of discomfort, but the reflexes present at this stage of development are usually able to deal with it. There is no reason to suppose that the embryo experiences a conscious sensation of unpleasure which the

newborn infant discovers, for instance, as a result of the lack of oxygen.

In the oral stage a newborn child experiences unpleasure caused by hunger and thirst and on being fed by his mother he feels instinctual satisfaction. One day he discovers something new, namely pleasure. From this it appears that the phenomenon of pleasure is based on the following factors:

First, the individual must experience a conscious unpleasure as a result of an increased instinctual tension that passed its threshold. Second, he has to learn that wishing alone does not lead to instinctual satisfaction. The fact that wishing to obtain gratification does not produce gratification but only increases the tension of the hunger responsible for this wish leads to the recognition that wishing is not suitable for eliminating instinctual tension, and that an act of the child or the mother or both is required.

Later, the child begins to remember that in the past he succeeded in getting rid of hunger with the help of milk supplied by his mother, and in his fantasy he will anticipate the getting of milk. Thus he experiences a new sensation, namely that of anticipated pleasure. If he is offered the breast and sees, tastes, and smells the milk, this anticipated pleasure will change until it becomes endpleasure. Finally, after the milk is swallowed and begins to be digested, the child will experience an instinctual satisfaction. Here, then, is an example of an instinctual satisfaction and of anticipated, sensuous endpleasure. The child learns that in order to eliminate the unpleasure he suffers from he has to act, to find the object he needs, and to use it.

The sensation of pleasure comes about only if the elimination of pleasure proceeds along certain lines. The object used for this purpose must be acceptable to the total personality of the individual, and he must be able for a time to tolerate a certain amount of unpleasure caused by instinctual tension. It seems, too, that with the help of his symptoms the neurotic obtains only instinctual discharge and not pleasure (in this he differs from a pervers). Moreover, the neurotic, unwilling to face the natural limitations of his power, is able with the help of his neurosis to entertain the illusion of being omnipotent. In his analysis he will have to suffer unpleasure before he is able to experience pleasure.

It appears that in addition to the energy responsible for the gratification of our basic needs a certain amount of libido and destrudo

cathects our sense organs.¹ If that is the case, we may say that the stimulation of the sense organs leads to a discharge of the energy which cathects them. The sensation of pleasure now appears to be a very complicated phenomenon. It depends on our ability to tolerate unpleasure caused by the dammed-up energy associated with our basic needs and on our ability to find a suitable object, execute the necessary steps, and transform part of our energy into that connected with the senses (sensuous energy).

In addition to the unpleasure caused by increased instinctual tension, there is another kind which occurs whenever an external or internal power overwhelms us and forces us to accept something we resent. I have suggested that what we feel while we are being overwhelmed might be called narcissistic mortification (6).

The term 'external narcissistic mortification' is applicable whenever an external aggressor is present and the term 'internal narcissistic mortification' indicates that a part of us has succeeded in overwhelming us.²

Consequently, two kinds of unpleasure have to be distinguished: (a) unpleasure due to increased instinctual tension above a certain threshold; (b) unpleasure caused by being overwhelmed by an internal or external aggressor. It is obvious that unpleasure due to increased instinctual tension can be eliminated only by the incorporation or evacuation of certain metabolites, as has been previously mentioned, while the unpleasure due to narcissistic mortification can be disposed of when we succeed in repeating in an active manner what happened passively to us and so injure the aggressor. In this way the narcissistic mortification forces the individual to inflict another narcissistic mortification on somebody else or upon himself. A clear understanding and a clear differentiation of these two kinds of unpleasure and the methods of dealing with them are important, because the patient is unaware of what kind of unpleasure he suffered and therefore unable to find the proper method of eliminating it.³

It may be useful to illustrate this point with the following example of a slip of the tongue. A patient whom I had analyzed for many months told me that when he entered a restaurant

with a girl he called 'Miss Forepleasure' he made the following slip. Wanting to ask the head waiter for a table, he said, 'Do you have a room?' The patient at once understood the meaning of his slip and grew embarrassed because it was obvious to him and also to the waiter and to his girl-friend that he was so anxious to go to bed with her that instead of asking for a table he had asked for a room.

In analyzing this slip of the tongue I tried at first to get additional material connected with the word 'room' which, according to Freud, represents a harmful unconscious tendency with the power to break through and appear in our conscious. Often, a slip of the tongue does not make sense unless we analyze it with the help of the patient's associations.

Sometimes however, as in this case, the hidden meaning of the so-called harmful tendency is obvious without further examination, but in order to obtain a more exact evaluation of the patient's defences his associations should not be neglected. In this instance, his associations showed that he was preoccupied with the idea of going to bed with his girl-friend and considered it a waste of time to dine first. Further associations indicated that this slip represented a punishment because in admitting what he wanted in public he had to accept a certain amount of embarrassment.

Further, I thought we ought to find out why the word 'table' was omitted, although Freud originally said that the omitted word represents a harmless conscious tendency and does not require further analysis. From the associations of the patient it became obvious that eating had an infantile meaning for him, and that he and his unconscious wanted to be forced to feed and to watch his girl-friend.

Rather than representing a harmless tendency, it became more and more evident that the word 'table' had to be omitted because it would have been used for the infantile gratification of a repressed oral, aggressive, and scopophilic wish connected with identification with the preoedipal mother. The material gained in analyzing why the word 'room' was used instead of the word 'table' showed that 'table' represented an unconscious defence of this oral wish.

¹ This libido represents perhaps the first qualitative change of our instinctual energy in our attempt to sublimate.

² Pain appears to be a sensation related to that of unpleasure but not identical with it. Under certain conditions the unpleasure of hunger changes into pain. It

would seem that the sensation of pain is closer to the experience of narcissistic mortification than to the unpleasure of a dammed-up instinctual energy.

³ Anticipation of a narcissistic mortification produces fear, and elimination of a narcissistic mortification leads to narcissistic gratification.

While it is true that the word 'room' expressed phallic and exhibitionistic desires, 'table' represented at the same time something more dangerous—namely, the wish to be a wet nurse and be forced to feed Miss Forepleasure. The analysis of the unconscious meaning of the words involved (after the resistance had been overcome) disclosed the presence of infantile wishes and the defence of mobilizing other infantile wishes which were used as counter cathexis.

In addition we found that this slip of the tongue was used to avoid the consciousness of a certain narcissistic mortification—the girl's having the power to force my patient to feed her. The fact that as a child he had not had such power, and had experienced a severe narcissistic mortification because his mother was able to control his eating habits, was responsible for the repression of his oral wishes.

The external narcissistic mortification, 'She can force me to give her food, whereas I had to wait for my mother,' was something the patient had to avoid, and therefore the word 'table' which represented this narcissistic mortification had to be omitted. At the same time the word 'room' represented another kind of narcissistic mortification which became conscious by his slip of the tongue. This internal narcissistic mortification was caused by the power of his phallic desires forcing him to give expression to them, and acceptance of it was used to cover up the external narcissistic mortification connected with the unconscious wish to be forced to feed his girl-friend.

Apparently, the use of the word 'table' which the patient avoided would have produced some kind of infantile unpleasure connected with an oral tension. The patient tried to eliminate this kind of unpleasure by mobilizing another kind linked with the damming up of phallic wishes. This unpleasure was partly eliminated by his saying, 'Do you have a room?' In addition, the unpleasure tied up with his inability to control his wish to be forced to feed was eliminated by his accepting instead the inability to control what he wanted to say to the head waiter.

Consciously, the patient resented his slip of the tongue because it produced a conscious internal narcissistic mortification. He had to admit that part of his personality (the patient referred to this part as 'my evil tongue') had the power to distort what he wanted to say to the head waiter. This sensation of unpleasure due to his inability to control his speech was

compounded when he recognized that the word 'room' was a public confession of his desire to go to bed with the girl. By the slip of the tongue the unpleasure caused by the damming up of phallic wishes was partly eliminated through the verbal channel.

In other words, the word 'room' produced the following effects: (a) unpleasure because of the internal narcissistic mortification; (b) unpleasure connected with the humiliation of a public admission; (c) elimination of an unconscious feeling of guilt by substituting the punishment of public confession; (d) satisfaction because of a partial discharge of the phallic exhibitionistic wishes.

To reiterate, by eliminating the word 'table' the patient avoided the unpleasure from the damming up of oral aggressive and scopophilic wishes, and the unpleasure of an external narcissistic mortification. Although the intensity of the unpleasure or of an instinctual satisfaction the patient avoided or experienced by the slip of the tongue cannot very well be measured, it seems obvious that this patient or his unconscious was ready to accept the unpleasure and the partial gratification connected with the word 'room' instead of the unpleasure and the partial gratification related to the word 'table'.

Evaluation of the resistance encountered in the interpretation of this slip led to the conclusion that for this patient the external narcissistic mortification was more dangerous than the internal one. Besides, it was more important for him to keep the oral aggressive and scopophilic wishes repressed and instead to discharge the sexual phallic and exhibitionistic wishes.

At this point it must be admitted that while the analysis of a slip of the tongue has served as an illustration of the concept of unpleasure and that of instinctual satisfaction, it does not show the nature of pleasure. This comes as no surprise because we know that slips of the tongue, in spite of the fact that they represent an attempt to gratify infantile wishes, do not produce pleasure. A discharge of instinctual energy leads to pleasure, as has been previously noted, only if its form and object are acceptable to the total personality.

In order to study the sensation of pleasure we turn our attention to the dynamics associated with the laughter that is produced on listening to and understanding a joke. According to Freud, in addition to the forepleasure experienced as a result of the stimulation of erotogenic zones, there is another forepleasure,

psychic forepleasure, connected with a joke. Elsewhere (3) I have expressed the opinion that the pleasure of hearing a joke belongs to the category of aesthetic pleasure and has the character of endpleasure. While the forepleasure we feel whenever we anticipate a final discharge of our instinctual tension turns into unpleasure if such discharge is not forthcoming, aesthetic pleasure seems to be independent of any eventuality. A man who becomes excited while viewing a painting of a nude and tries to obtain the model's telephone number so that he can discharge his instinctual tension will obviously not be satisfied with aesthetic pleasure.

It appears that aesthetic pleasure is what we feel when we are able to perceive and enjoy a given object, without actually taking possession of it to gratify our instinctual needs. While it is true that aesthetic pleasure is no substitute for the pleasure connected with satisfying such basic needs, the very ability to have aesthetic pleasure makes us somewhat less dependent upon the external world.

I agree with Freud that aesthetic pleasure depends more on the form of what is experienced than its content, but I do not think aesthetic pleasure ought to be called forepleasure. The concept of forepleasure implies an expectation of unpleasure following close on its heels. As far as gratification of our basic needs is concerned, the experience of forepleasure turns into the unpleasure of frustration if the actual possession of the object is impossible. Aesthetic pleasure, as we have noted, does not require the possession of the object and therefore does not turn into the unpleasure of frustration even though the object has not been acquired.

To return to the previously described slip of the tongue, let us suppose that what the patient said was a deliberate jest on his part. About to ask for a table, let us say he became aware that what he really wanted far more than that was a bed. Instead of merely suppressing this wish as improper, he pretended to make a slip of the tongue, expressing in this disguise his real intentions. Obviously, he did not want to announce bluntly, 'Let's not waste time by eating'. Instead he decided to use his impatience by making fun of it and playing a little joke on himself. By pretending to be embarrassed by his use of the word 'room' and immediately correcting himself by saying 'table', he indicated

that he did not approve of such a pointed demand, but was willing to expose it in order to be humorous.

The sequence of events is as follows: the patient's original wish to get a table was interfered with by another wish to get a room. This was then rejected, but instead of returning to his original wish for a table, he decided to turn it all into a joke. Thus the original wish to eat and the subsequent urge to go to bed instead were both abandoned for the sake of gaining the attention and admiration of the head waiter and the girl by making them laugh. The gratification of this third wish was possible because he succeeded in finding a humorous way of expressing the situation.

Now going on the assumption that his listeners did laugh, let us inquire what caused this laughter. Certainly, although it was a sign that the listener got the joke and enjoyed it (3) it could not have been caused simply by the confession of the desire to go to bed instead of having dinner. One might voice such a wish without anyone's laughing.

In order to find out what produced the laughter we have to examine not only the content but the particular *form* in which this joke was expressed. Had my patient said 'I wish we had a room' or 'Instead of wasting our time, let's take a room,' he may have been considered passionate or blunt but not amusing. It seems that his pretending to make a slip of the tongue not only showed what was in his mind but at the same time indicated that he was trying to detach himself from that urge by way of a short cut to happiness. Of course that idea in itself is not funny, expressed in so many words. A joke requires not only concentrated and compact presentation but also an unfinished text which the listener has to fill in. A joke loses its value unless we permit the listener to participate by guessing the basic idea.

In this case there was laughter because the listeners understood that the fake slip of the tongue meant not only 'I would rather go to bed' but also 'I am embarrassed that such an idea occurred to me'. Obviously, these thoughts if plainly stated would not be considered humorous. Apparently, a joke must express its point in a double meaning, and the simultaneous presence of the two meanings appears to be the *conditio sine qua non*.⁴ The manifest

⁴ Something of a similar split takes place in the theatre. While we watch the villain on the stage pursuing the hero, we are scared that the hero will be killed, but we don't

shout for help (of course the primitive or the child does). On the other hand, if our neighbour collapses we spring to his side to help him.

meaning of the joke in question is not responsible for the laugh. Only if he understands the message implicit in the word 'room' will he experience pleasure.

The wish to have a room comes from the unconscious, and although it becomes conscious without analysis of the usual resistance separating conscious from unconscious, I would not regard this wish as coming from the preconscious. According to Freud, material from the preconscious is always available to the conscious, while in the joke only under certain conditions and after overcoming some slight resistance do we get the hidden meaning. The best proof of this is the fact that when we hear a joke for the second time and its hidden meaning is already stored in our preconscious we do not laugh.

In making a joke we play with words. It is an excursion into the realm of make-believe, where for a short time the serious approach that insists upon knowing exactly what is what is abandoned.

It cannot be denied that one may fail to put this kind of joke across even if the listeners in question have a sense of humour and understand the double meaning. The listener who is himself very eager either to get a table or take a room may not be in the proper mood to appreciate this joke. A joke permits us to detach ourselves from reality, but this is not possible if the internal and external pressures of dammed-up basic needs are overwhelming.

In short, it appears that a witty man may make such a joke provided he is not too hungry (for room and board) and can obtain pleasure from his ability to find a form that offers immediate pleasure without need for action. It seems that Freud used the term forepleasure for the pleasure in humour because, like the forepleasure connected with our basic needs, it requires neither action nor possession of the object involved. This pleasure depends on our ability to think quickly and find 'le mot juste'.

Freud said that to the infant thinking and acting are one and the same, and, according to Ferenczi, one stage in this infantile omnipotence is characterized by the notion that talking has this magic power. The normal adult has to try to give up his omnipotence, but in dreams or slips of the tongue this illusion persists, and with the help of a joke is given full play and legitimately enjoyed. It goes without saying that not all words have this magic power, and the creation of a joke is not always easy, though it is only made of words.

Freud was of the opinion that the act of saving the energy which was prepared to be used is the hidden source of pleasure in wit. There is little doubt that such a saving takes place, but sometimes it may lead to an anticlimax and fail to produce laughter. It seems to me that the overcoming of a narcissistic mortification is more important than the saving of energy. The patient who makes a slip avoids the consciousness of an external narcissistic mortification and accepts an internal narcissistic mortification. The person who makes a joke, however, is conscious of the fact that he has to take his girl to dinner and recognizes that he would rather go to bed with her. Suddenly the inspiration comes to him that by pretending a slip of the tongue he may make her laugh.

The man who is able to make a joke uses it to free himself from a conflict, in this case between his wish to dine and his wish to go to bed with his girl-friend. He accepts the frustration of both wishes in order to obtain a gratification of his sublimated exhibitionistic wishes. In addition, by pretending he has made a slip he avoids being overwhelmed by it. He prefers making fun of himself to having others make fun of him (7). It is possible that what impresses us as comical was originally not intended to be so.

To recapitulate, the ability of the joker to make such a joke cannot be used instead of gratification of his oral and genital wishes. Nor can his sense of humour overcome the normal limitation of his power. But if he is able to detach himself from external and internal reality, he may briefly find aesthetic pleasure in the functioning of his mental apparatus. While it is true that everyone can obtain forepleasure from this function while anticipating an instinctual gratification, after a time this forepleasure will become unpleasure unless the possession of the pleasing object takes place.

Aesthetic pleasure, as we have noted, does not require possession of the object, and endpleasure is experienced when we succeed in making the listener laugh. We might say that the aesthetic pleasure felt by the creator of the joke before he tells it has the character of forepleasure. If this assumption is correct, then it has to be admitted that in a sense aesthetic endpleasure does require an external object (the audience) and some action (the laughter of the audience).

Generally speaking, a joke or a witty remark received in silence changes the forepleasure of the creator of the joke into unpleasure. As for

the listener, he derives aesthetic pleasure from understanding the hidden meaning of the joke, and his pleasure turns into endpleasure when he laughs (9). The pleasure in this case is caused not simply by a double meaning but by our ability to guess the second meaning. The discovery of the secret meaning of a joke may be considered a form of *peeking*. Understanding the hidden meaning is not a purely intellectual exercise. It mobilizes emotions that seem to originate in the unconscious. The word 'peeking' indicates that in this case looking or watching is not used for examining external reality but to defy infantile prohibitions and obtain infantile sexual and aggressive pleasure.

Now the question arises, why does one man with a spark of inspiration make a joke, while another makes a slip of the tongue? Why is one individual able to face his wishes and the limitations of his power, while another has to deny them? It would be simple to say that the man who makes a slip deals with repressed infantile wishes, and the one who makes a joke has sublimated his infantile wishes and is free of unconscious complications. However, in my opinion this is far from correct. The fact that the listener must overcome a resistance while penetrating the veil that separates the latent from the manifest content, the quality of the emotion experienced, the fact that no such emotion takes place merely on grasping a double meaning—all these indicate that the material used in a joke resembles the material present in neuroses.

Freud pointed out that ideas which analysts discovered only after tedious work with their patients, artists obtained by sheer dint of inspiration. This is not to suggest that understanding or making a joke makes analysis unnecessary. In a joke the truth is accepted playfully despite the warning that there is always a grain of truth in a jest. A joke may produce laughter but not a cure. Nevertheless, a cured patient may sometimes laugh about his infantile troubles.

As previously mentioned, the wish appearing in the joke does not represent an arrival from the preconscious, but is probably a repressed infantile wish. I am in agreement with those analysts who have the impression that an infantile wish can be recognized as such by five characteristics: (i) the object represents an infantile figure (father, mother, and the like); (ii) the aim corresponds with one of the three stages (oral, anal, phallic); (iii) the gratification

is accomplished by wishing alone; (iv) the aggression is mixed with sex (attraction of the forbidden); (v) the patient plays two roles (subject and object).

So far as the analysis of the slip of the tongue is concerned, there is no doubt in my mind that the wish responsible for it is infantile in nature. As to the analysis of the joke, by using material from patients who actually made jokes in analysis I am under the impression that the wishes responsible for a joke represent a mixture of sex and aggression and the objects are figures from childhood, but there is some doubt in my mind as to whether in a joke the person who tells the joke plays two roles.

If I am on the right track and the material present in the joke is similar to that of a slip, then it must be admitted that we really do not know why in one case a joke is made, and in another a slip of the tongue occurs. It may well be that the quantity of repressed energy is responsible for this difference, plus inherited factors that make one man witty and another dull.

SUMMARY

1. Two basic forms of unpleasure are described: (a) unpleasure caused by damming up of instinctual energy; (b) unpleasure due to a narcissistic mortification. Some individuals suffer more from the one unpleasure than the other.
2. A discharge of instinctual tension and the elimination of unpleasure caused by damming up of instinctual energy does not necessarily produce pleasure, but results in instinctual gratification.
3. In order to experience pleasure, the instinctual energy must be discharged with the help of an object 'pleasing to the total personality' and in a form approved by it.
4. The anticipation of a pleasurable discharge produces anticipated pleasure.
5. Sensory perception of the pleasing object produces sensuous pleasure.
6. Possession of a pleasing object leads to the sensation of endpleasure and the subsequent discharge of tension produces only an instinctual gratification.
7. The term forepleasure may be used to indicate anticipated pleasure, and pleasure from stimulation of our senses before the possession or control of the object takes place.
8. The sudden experience of a narcissistic mortification produces a feeling of terror.

9. Elimination of a narcissistic mortification with the help of an object and in a way pleasing to our total personality produces aggressive pleasure.

10. Elimination of a narcissistic mortification by a means or object not pleasing to the total personality leads to narcissistic gratification.

11. Some of us have the impression that a prolonged lack of external and internal stimuli produces the unpleasure of boredom and that too many 'pleasant' stimuli may lead to the unpleasure of exhaustion.

12. The anticipation of a narcissistic mortification produces fear.

13. The word 'room' used by this patient meant: (a) partial gratification of aggressive, exhibitionistic, and phallic wishes; (b) acceptance of an internal narcissistic mortification. The word 'table' represented: (a) oral scotophilic sexual wishes; (b) an external narcissistic mortification.

14. A slip of the tongue is transformed into a joke by supposing that the patient only pretended to make a slip in order to arouse laughter.

15. In such a case it is assumed he must have known before he spoke the word 'room' that his wish to dine was being interfered with by another wish to to go bed with his girl-friend,

and he accepted a temporary frustration of both wishes and detached himself from them in search of fun, succeeding in making his listeners laugh. Sometimes this detachment is so great that the joker takes the risk of provoking a punishment in order to make a humorous remark.

16. The man who makes a joke experiences anticipated pleasure when the funny idea occurs to him and endpleasure when he evokes laughter.

17. Like the pleasure experienced in connexion with a work of art, the pleasure derived by the joker is aesthetic. It is the result of sublimated instinctual energy chiefly scotophilic in character which is fully discharged by the reaction of the audience. It requires an inner identification between the man who makes the joke and the listener. It depends more on the form than on the content.

18. This pleasure can be experienced not instead of but in addition to the pleasure derived from gratification of our basic needs.

19. It is probable that what has been illustrated by this joke applies to other jokes and represents a specific form of aesthetic pleasure.

20. The joker experiences endpleasure as a result of two factors: (i) he controls the object (the listener whom he made to laugh); and (ii) he vicariously enjoys the motor discharge of his audience (the laughter of the listener).

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TYPICAL ANXIETY DREAMS AND OBJECT RELATIONS

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I. Introduction

Since their first mention by Freud, the typical anxiety dreams have received little systematic attention from psycho-analytic investigators. This dearth of attention is somewhat surprising inasmuch as Freud stated that these dreams were worthy of further study, that because of their rather invariable manifest content their unconscious meaning might be understood without recourse to the dreamer's associations, and inasmuch as Freud's first exposition of the important oedipal complex derived from one such typical anxiety dream, that of the death of the beloved person (9). In this paper my main endeavour is, as in previous papers, to draw attention to the possible import of the two most commonly reported typical anxiety dreams. Whereas in the earlier papers clues to this import were derived from diagnostic material, they are here presented principally from treatment material obtained from 57 patients who have undergone psycho-analysis and psychotherapy with me in the past ten years.

In the previous papers (11) I wrote about the typical anxiety dreams as follows:

(i) In large samples of 'normal' and emotionally disturbed adults and children, the two kinds of typical anxiety dreams reported as most unpleasant were: (a) dreams of falling from some height (hereafter referred to as the falling dream) and (b) dreams of being attacked, chased, or threatened by some object in the environment (hereinafter referred to as the attacked dream).

(ii) There were individual differences as to whether the person reported having had one dream or the other and, if he had had both, as to which dream was the more unpleasant.

Of the two dreams, the attacked dream has been described and discussed in psycho-analytic literature much more than has the falling dream. Its relation to the conflicts of the oedipal phase has been pointed out by Jones (14), Spurling (16),

and others. In contrast, the falling dream has been scantily dealt with. Although Freud suggested that it reflected muscle erotism and a moral fall, he did not study it systematically. This may be due to the fact that he never had a dream of this type. For it was only of the falling dream that he explicitly commented, 'I have no experience of my own of other kinds of typical dreams, in which the dreamer finds himself flying through the air to the accompaniment of agreeable feelings or falling with feelings of anxiety' (9, p. 271).

Although the attacked dream is much more frequently reported in the literature (and by my patients prior to treatment), this is not the case among the general population. In 3,000 inductees—a rough sample of the 'normal' male population—38 per cent reported it as the most unpleasant dream, whereas 42 per cent reported the falling dream as such. (Most of the remaining 20 per cent denied having had either type of dream.) The falling dream therefore does not appear to be insignificant in reported occurrences or unpleasantness. It was this consideration which excited my interest as to why the falling dream—the extreme of which was frightening motion in the absence of a supporting object—should be predominantly unpleasant for a large number of people, whereas the attacked dream—the extreme of which was frightening paralysis in the face of external threat—should be predominantly unpleasant for an equally large number.

The present paper represents a continuation of this interest. The 57 patients previously mentioned are made up of a majority group of 41 for whom the attacked dream was predominantly unpleasant and a minority group of 16 for whom the falling dream was such. The methods of eliciting the predominant unpleasantness of past anxiety dreams have been stated elsewhere. Briefly, they consist of asking the subject to designate which is the most unpleasant of the

anxiety dreams he has spontaneously reported or has admitted to on direct questioning. It should be emphasized that my focus on the general dream meaning and on the manifest content does not represent a minimizing of the importance of the specific dream meaning or of the latent content. Instead, it represents a supplementary approach to the study of the dream.

At this point a sketch of pertinent theoretical concepts seems appropriate. In an earlier paper I suggested that the falling dream was reflective of separation anxiety and of the developmental period in which such psychic regulators as the superego and the ego-ideal resided not so much in the small child as in the mother. On the other hand, I speculated that the attacked dream reflected anxiety over castration or injury to the self, and the developmental period in which these regulators had been taken over from the mother and were internalized within the small child. The present paper carries forward these theoretical speculations, but with important modifications. For the sake of clarity the modified theory will be presented in advance of the clinical material, although in fact they were arrived at inductively after study of the data.

In accounting for the basic difference between the falling and the attacked group—namely that the internalizations appear, *for better or worse*, to be more strongly developed in the latter group—I have been particularly influenced by the writings of Anna Freud. She has called attention to the importance of distinguishing between anxiety over loss of *a* love object and anxiety over loss of *the* object's love (7). The modification in my theoretical speculations is essentially that the falling dream reflects anxiety over loss of *a* love object, whereas the attack dream reflects anxiety over loss of *the* love object.

Anna Freud's views may be summarized as follows. Up to the age of about five months, the infant regards the mother as a need-satisfying object; the mother can be replaced with or exchanged for another need-satisfying object without distress to the infant so long as need-satisfaction is maintained. This early stage of object interchangeability, of a need for *a* mother, is followed by a much longer stage of object constancy, of a need for *the* mother. Thus, after the age of five months the need-satisfaction can be altered so long as the objects remain the same. Separation from *the* object causes much distress, evidences of this being the infantile stranger

anxiety and anaclitic depression. However, owing to the immaturity of the ego, primary need-satisfaction remains such a strong force that attachment to *the* love object who is absent (and thus not satisfying) cannot be maintained over long periods of time. As the child matures, he is able, according to Anna Freud, to maintain cathexis of absent love objects for longer intervals.

What, apart from constitutional factors, facilitates the infant's transition from the first to the second state is, according to Spitz (17), Benedek (2), and others, the constancy, the predictable need-satisfying quality of the mother figure. The dynamic underlying this constancy is the symbiotic involvement or identification of mother with child. To be wholesome, this symbiotic involvement should decrease in intensity in order that the child can pursue his own later autonomous goals without conflict.

In the earlier object-interchangeability phase, the ego's way of mastering anxiety would be to find another need-satisfying object. Since object constancy is not fully developed, little psychic work is entailed in withdrawing cathexis from one object and investing it in another. Since the id never really had the object, the ego is not required to retain or preserve the object by identification with it. Nor would the under-involved mother tend to oppose strenuously the child's search for other need-satisfying objects. The child is thus in *open* system where he can move to seek a new object rather than curb or inhibit the impulse which is being frustrated.

In the later object-constancy phase, however, the ego's more complicated task is to master anxiety by establishing some reunion or reconciliation with the same familiar love object. The solution by way of the general non-maternal environment is curtailed for several reasons. First, the child is concerned about the love issuing from one specific external object. Second, the over-involved mother may not approve of the disloyal and reproachful separation entailed in the child's seeking another object. Third, in order to retain the inevitably frustrating specific object, the ego has had to identify with it, and now has to contend with the demands and prohibitions of the ambivalent, internalized object. The child then is confined to a *closed* system where he must use counter-cathexis to tame his impulses—in particular to tame any rage which might destroy *the* specific love object or its internal representations.

It is this theoretical framework into which I

believe the forthcoming observations on falling and attacked dream predominance can be most appropriately placed. Thus, the falling dream can be thought of as a reflection of the open system, object-interchangeability phase, and the attacked dream as a reflection of the closed system, object-constancy phase.

The more classical interrelationship between the attacked dream and castration anxiety is omitted in this account. Although this paper will not deal with the subject, it should be pointed out that there are several theoretical considerations which suggest that the attacked dream may reflect object constancy as well as castration anxiety. Freud stated that object-loss and castration anxiety may be basically equated inasmuch as anxiety over loss of the penis could be traced to anxiety over loss of the breast (10). Upon disappointment with *the* specific love object (breast or mother), the object cathexis returns to be invested, as Hartmann points out (13), on the self. The self, then, becomes *the* love object (secondary narcissism) and can fear such injuries to the self as being devoured, robbed of bodily contents, or genitally castrated. It is in this way that I conceive of the attacked dream arising out of the object constancy phase and later being reflective of castration anxiety.

It would be impossible, owing to limitations of space, to present all the clinical material and other data which led me inductively to this theoretical structure. I must confine myself, then, to indicating—sometimes sketchily—the main supportive evidence.

II. Maternal Involvement

It has been suggested that the transition of the infant from the object-interchangeability phase to the object-constancy phase is due to the constancy of the mother, which, in turn, is due to her involvement with the infant. Involvement—a non-technical term—will be defined here as a situation in which the mother, positively or negatively or both, has identified herself in part with the infant. The essential feature is that there is an emotional closeness between mother and child, whatever the positive or negative repercussions may be. It has been further suggested that the attacked dream reflects this original mother-child involvement, whereas the falling dream reflects a maternal under-involvement.

The evidence I wish to present is drawn from several sources—the first being the patients. The mothers of the attack dream patients were

much more frequently involved with their children than were the mothers of the falling dream patients. A characteristic situation was one in which these mothers would seek narcissistic and companionate gratifications from their children because of an unsatisfactory marriage. Disappointed in their husbands, they would cause the children to feel guilty if the latter did not gratify them. The mothers, for the most part, were 'home bodies' with few outlets for gratifications other than their children.

The falling-dream patients did not appear characteristically to have that type of involvement with their mothers. If the original symbiosis, to be wholesome, should contain some elements of involvement, these patients seemed to have had less than the wholesome amount. One mother was a promiscuous alcoholic; two mothers were dynamic business women who exercised considerable competence and success in running their businesses; one mother was very ineffectual, but was completely wrapped up in her husband, and neglected her daughter because her husband needed her; one mother, although she had been a capable housewife and mother for twelve years, immediately went to college on her youngest son's graduation from high school and eventually got a medical degree. In milder forms the mothers were described as quite reliable and dependable concerning physical care of the children, but not especially interested in the children as persons. The variety of external pictures has one common denominator—that the mothers were not ordinarily absorbed in motherhood and did not even use it as a vehicle for working out their neurotic problems.

Another source of evidence, from an area requiring much further study, is the nature of the transference situation when the attack and falling dreams occur during treatment. Two examples are offered. In the first of these a patient reacts to a decreased distance between the therapist and patient; in the second to an increased distance. A young man who had been subjected to an intrusive, over-involved mother reported a dream in the 30th hour, or shortly after I had returned from a week's vacation. In this dream a black shape was about to attack him. During the hour he disclosed that he had felt quite comfortable during my vacation, but that the prospect of seeing me again made him feel uneasy, as though he were being surrounded. Apart from the interpretation of the black shape as being his projected rage, the attacked dream

occurred when the patient reacted to the treatment situation as one of intrusive over-involvement.

The other example concerns a middle-aged woman whose mother had played the role of an invalid, always 'on the point of dying', and had delegated the care of the patient to maids. After a year of psycho-analytic psychotherapy she began to defend against the emergence of forbidden impulses by talking of stopping treatment. Because of a number of external reasons, I went along with her conscious thoughts and set a termination date. She then reported a dream: 'I was on the roof of a building. It was not far from the ground, but I was afraid I would hurt myself if I jumped, so I was waiting for a ladder.' The prospect of termination appeared to represent an under-involvement on my part, and stimulated a separation anxiety reflected in a variant of the falling dream.

In the literature there are two cases reported by Richard Sterba (18) which are quite similar to the young man's dream of the black shape. Sterba's theoretical explanation derives from a concept of Anna Freud's, namely, that 'in certain patients any approach on the part of the surrounding person is experienced as a claim or a hostile attack' leading to subjugation. In Sterba's paper are described two cases of young women with over-involved mothers. In one case there was an early repetitive nightmare of being tickled to the point of paralysis by a big woman—in short, an attacked dream.

Other evidence of a statistical nature appears to support this speculation that the attacked dream is associated with proximity of the mother, whereas the falling dream is associated with separation from her. In 3,000 military selectees, a rough sample of the normal male population, those with predominantly falling dreams had a much higher percentage of homes broken before the age of six by the death of the mother than had those with predominantly attacked dreams. In 730 male military neuropsychiatric patients, loss of the mother as well as loss of the father before the age of six had occurred more frequently in falling-dream patients. These findings suggest that the falling dream is associated with a comparative lack of mother-child symbiosis or involvement—a comparative lack of stable external structure which can be internalized.

The last piece of suggestive evidence comes from the study of 54 so-called normal children and their mothers. The healthy supportive aspects of maternal involvement reflected by the

attacked dream may be indicated by the finding that 75 per cent of the children had an attacked-dream predominance and only 12 per cent a falling-dream predominance. However, the unhealthy constrictive effects of maternal involvement, the effects of a pathological object-constancy phase in which there is no escape from the mother, could be seen in a small group of 11 children. For these children not only was the attacked dream predominant, but only two of them admitted ever having had a falling dream (39 of the remaining 43 children admitted having had the falling dream). The mothers of this group were especially prone to control the child by martyrdom (to have been injured by the birth of the child was a frequent claim), looked to the child for love and sympathy, and could not tolerate its aggressiveness. The children themselves were constricted in affect, showed little sex curiosity, and did not 'go easily to strangers'. They could not, it would seem, safely vent their anger or leave the mother—either solution being construed by the mother as an injury to her and an occasion for the child to feel guilty. The accumulation of repressed rage would then be projected as seen in the attacked dream.

III. Object Interchangeability and Constancy

It has been suggested that maternal under-involvement induces a continuation of the early need-satisfaction phase in which objects may be interchanged so long as needs are satisfied; and that maternal involvement or over-involvement induces a new phase in which identification with the mother is taking place and maintenance of the constant object may be more important than satisfaction of needs. Furthermore, it was suggested that the falling-dream predominance reflects object interchangeability, whereas the attacked dream prominence reflects object constancy.

For several reasons, this section is more complex than the previous one. In the preceding sections all that was required was to show a relationship between one causal factor—the kind of maternal involvement—and one repressive phenomenon—the kind of typical anxiety dream. In this section, however, we might be expected to relate all the various complexities of early ego and superego development to the kind of anxiety dream. Even the phrase 'nature of child's relationship to objects' is not delimiting enough, inasmuch as 'objects' may refer to the external object, the internalized

object-cathected symptoms, or the self as an object. Because of this complexity and the limitation of space, the few observations and comments I shall offer run the risk of seeming oversimplified.

A convenient place to begin is a consideration of reactions to a separation. For it is under the stress of separation that the characteristics of object interchangeability or of object constancy will be more prominently displayed. The case of the hospitalized two-year-old reported by Bowlby *et al.* (4) illustrates this point. On separation from the mother, the little girl handles her object needs in several ways. Two of these are pertinent here: (i) displacement onto other objects such as a steam-roller and a little boy; (ii) a projective identification of her 'abandoned' self onto another forlorn little girl, after which she assumes the maternal role (via introjective identification) and comforts the other little girl. The authors suspected that, owing to the closeness of the previous mother-child relationship, i.e., the previous involvement, the denial of the need for the mother would not proceed too strongly; that the solution would take an internalized form with overstrengthening of the superego.

The two adaptive pathways open to the little girl are, I believe, the two pathways differentiating the 'falling' and 'attacked' groups. Displacement onto other objects and denial of need for the mother are characteristic of the object-interchangeability of the 'falling' group. On the other hand, projective and introjective identification which preserve the mother are characteristic of the object-constancy-'attacked' group.

Evidence supportive of this interrelationship may be seen in the normal study. Sustained maternal warm involvement, as estimated by the social worker, was much more frequent in the mothers with 'attacked' dreams predominant than in those with 'falling' dreams predominant. Like the hospitalized two-year-old, the 'attacked' mother seems to satisfy her own need to be mothered by projecting herself onto the child, and then, after identifying herself with her own mother, loves the child as she herself wishes to be loved. (These mothers frequently reported that the child reminded them of themselves.)

The 'falling' and 'attacked' patients showed characteristic differences upon separation. Generally speaking, the 'falling' patients, in keeping with their need-satisfaction orientation,

had simpler, more direct reactions comparatively devoid of intrapsychic elaboration, and were desirous of substitute satisfactions. One female patient, on my announcing that I would have to miss the next treatment hour, asked, at the end of the hour, for some pills. A male patient whose request for reducing the frequency of visits had been granted, mentioned in the next hour that for some reason his stomach had begun to feel 'nervous'; otherwise during the hour he mentioned no troublesome thoughts or feelings. More tempestuous and direct was another female patient who came in for her hour openly furious over the fact that I had acceded to her request to take a short trip with her husband, and had thus abandoned her. On another occasion, after I had informed her of my taking a trip, she invited my wife and myself to a party at her home.

In contrast, the 'attacked' patients more often had subtle complex reactions in which not the need-satisfaction, but rather the defence against the need and against the frustration rage, was predominant.

Illustrative of this in a male 'attacked' patient with depressive and homosexual symptoms are the following excerpts from the material of two successive hours (35 and 36) after I had announced an interruption in my schedule in the 34th hour. Hour 35: 'Too much cigarette smoke in here . . . Feel an internal irritation . . . feel like I'm standing by waiting to see what is going to attach itself—thinking of candied violets—once I ate them and they tasted like perfume.' Hour 36: 'Feel uncomfortable about having been a donor for artificial insemination two weeks ago—I would like to be the real father, not just by proxy. I think of having a son, but probably would bind him too closely to me.'

The sequence of material may be interpreted: (i) Rage over the separation; (ii) as defence against the rage destroying the specific needed object he resorts to oral incorporation; (iii) having incorporated or identified with the mother, he loves his projected self in his off-spring.

Apart from separation reaction, other aspects of interchangeability and constancy may be seen in the treatment situation. For example, the constancy of the patient in relation to treatment was much more evident in the 'attacked' group than in the 'falling' group. Of the former group 22 patients (34 per cent) as compared with 3 (19 per cent) of the latter group continued treatment past 200 hours with a frequency of at least three times a week.

A similar difference may be seen in the area of symptomatology. The 'falling' and 'attacked' groups differed not so much in the actual symptoms occasioning referral as in the constancy of the presenting symptoms. Whereas the 'attacked' group might, for the most part, present a chronic symptom such as homosexuality or depression for a number of years in treatment, the 'falling' group more often alternated symptoms or fluctuated more quickly between having symptoms and being asymptomatic. An example of this was a falling-dream woman. In the achievement area she had fluctuated between being valedictorian of her high school class and dropping out of college after a half year. In the somatic area, before and during treatment she fluctuated between bulimia, causing a weight of 190 lb., and a food avoidance which brought her weight down to 95 lb. within a year. For periods of some weeks in the treatment she would feel perfectly well and would wish to stop treatment.

More subtly indicative of interchangeability and constancy was the kind of transference reaction manifested respectively by the 'falling' and 'attacked' groups. The 'falling' group in general displayed less intense transference reactions to me than did the 'attacked' group. They seemed to require the presence of any object who represented strength and protectiveness, whereas the 'attack' group seemed to require a more particular somebody, a more well-defined object who understood them as individuals, who was *en rapport* with their internalizations, and who corresponded with their projected idealizations.

Not only with me, but also in their social relations and friendships with others, did these differences show. The 'falling' group tended to have a low intensity, uniform 'friendly' cathexis to many people, and were more able in a 'The king is dead, long live the king' fashion to forget about old friends and to make new ones. The 'attacked' group was less able to change or reduce the libidinal cathexis. They had a few close friends from whom they required an intimate one-to-one rapport; they clung to their memories and were mindful of the dead king rather than of the new.

The object-interchangeability implied in the *one-to-many* rapport and the constancy implied in the *one-to-one* rapport were also seen in the opening dreams of treatment. 'Falling' group opening dreams were more often of a triangular nature (Example: 'I was talking to my girl-

friend in the office when a man came in and told me to get out,'), whereas the 'attacked' group's opening dreams were more often of a one-to-one nature (Example: 'Having intercourse with a woman who had a penis.'). The triangularity is, I believe, a step in the direction of the open-system object-interchangeable adaptation. Furthermore, the oedipal undertones of the triangularity suggest that the 'falling' group—who did not experience much symbiosis in the orally dependent mother-child relationship—tend to utilize genitality for symbiotic purposes. On the other hand, the one-to-oneness seen in the opening dreams of the 'attacked' group is more clearly an indication of object-constancy, of a concentration of cathexis on the specific object. It is of interest in this connexion that Martin Buber traces the origin of his one-to-one 'I and Thou' religious philosophy to an attacked dream he had in childhood in which an animal was biting off a piece of his flesh (5).

In the psycho-analytic literature most case reports bear a strong resemblance to the attacked-dream patients with their characteristics of object-constancy and mechanisms of identification and projection. Cases resembling the falling-dream patients are rarely reported. A notable exception, however, is the patient described by Anna Freud in a discussion of a panel on the widening scope of indications for psycho-analysis (8). Owing to early and drastic interruption of the mother-child relationship, the girl had no stable object ties. Adults were important for her as sources of pleasure, but not love objects in the object-libidinal sense of the word. 'In the analysis of such patients we find there is no hidden fund of archaic object love or hate on which the transference can draw.' Cathexis is easily withdrawn from the therapist, continually interrupting the formation of a transference neurosis. 'On the other hand, the intimacy of the analytic setting is well suited to reproduce—or where necessary to produce for the first time—the intimacy of the mother-child relationship.'

The parallels between the above case and my 'falling' patients are, I believe, quite striking. The early interruption of the mother-child relationship, the 'thinness' of the internalizations, the orientation towards need-satisfaction, the object-interchangeability in which cathexis is easily withdrawn and reattached, and the lack of ability to concentrate the libido fully on an object in a one-to-one relationship—these are the striking parallels. Although Anna

Freud offers a more extreme set of etiological circumstances than I, the quality and effect of these circumstances are similar. Thus the under-involvement of the mother is but a milder form of actual separation from her.

Discussion

The aim of the foregoing presentation has been primarily to arrive at a general meaning of the 'falling' and 'attacked' dreams. To this end, existing theoretical concepts have been utilized to provide a framework for the empirical data. Since the data have been collected from adults and children no younger than 8, my reflections on what happens during the first year of life must be considered speculative. Further data issuing from such investigators as Bowlby on early human behaviour and Harlow on early primate behaviour may support the conceptualizations here offered or may necessitate some revision of them.

Although there is an analytic typology implicit in much of what has been presented, it is not recommended that this be applied rigidly. One reason is that the usual occurrence of both dreams in the same person (despite predominance of one dream) militates against establishing a sharp, mutually exclusive delineation. Another reason is that more study is necessary to substantiate the correlations—especially a systematic study of the falling and attacked dreams as they occur during the course of treatment.

Concerning a possible typology, however, a few remarks are in order. Since both kinds of dream and their predominances are reported by persons in normal and abnormal samples, there is little evidence that the predominance of the dream type has much to do with whether the person is psychologically healthy or sick. The position which I believe it is safer to take is that the two groups represent two paths of a divergent characterological evolution, each with its particular strengths and limitations.

The matter of comparative psychological health may rest on the question how healthy it is for the ego to have been modified. There is no doubt but that the attacked group has undergone, by virtue of its tenacious identifications and internalizations, much more ego-modification than has the falling group. Yet there is a division of opinion in psycho-analytic literature as to the desirability of ego-modification. In the writings of Eissler (6) and Alexander (1)

there is a definite suggestion that the least modified ego is the healthiest. David Beres (3) states that considerable growth in ego function of mother-deprived children can take place in subsequent years.

On the other hand, the ego modifications attendant on the oedipal complex resolution are considered to be a sign of healthy maturation. Rappaport ascribed ego strength to the person who can tame and modulate his affects by means of counter-cathetic forces (15). Furthermore, we have been accustomed to thinking that a person such as the 'attacked' person who can be analysed by virtue of his having internalized objects capable of transference projection is psychosexually more mature than is the person—like the 'falling' patient—who may first have to acquire strong internalized objects before he can transfer them in analysis.

In view of the foregoing, the safer position regarding the psychic health of the falling and attacked groups would seem to be the middle one. Expressed in terms of intrapsychic structure, it is that the strongest ego is not one which has been unmodified, nor one which has been excessively modified, but rather one that has been optimally modified. The unmodified portion of the ego, that portion which is an ally of the id, facilitates need-satisfaction; the modified portion of the ego, that portion which inhibits the id, facilitates internal instinctual regulation.

Expressed in terms of object relations it is that the combined capacity for object-interchangeability and object-constancy is more adaptive than the capacity for either alone. In the maturation from the need-satisfying-object-interchangeable phase to the object-constancy phase, the former should, it seems, gradually yield dominance to the latter, but should not be repressed and non-utilizable. By possessing both capacities, the person is able to change from a frustrating anachronistic situation to a gratifying new situation which he can cathect more permanently.

It is in these basic, comprehensive terms that I believe a *general* meaning of the falling and attacked dreams may be found.¹ Less basic terms may not do justice to the fact that anxiety is the affect *par excellence* from which character structure arises, and to the fact that these dreams are the two most common typical anxiety dreams.

¹ I have expressed similar views in connexion with a study of normality (12).

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THE PSYCHO-ANALYTIC TREATMENT OF A CASE OF CHRONIC REGIONAL ILEITIS¹

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The psycho-analytic treatment of psychosomatic disorders is still a controversial issue among psycho-analysts. There seems to be a reluctance to use psycho-analytic techniques with such patients. Definite indications of which cases are treatable are not as yet established. This case history is presented in order to demonstrate the applicability and usefulness of the analytic technique as a therapeutic tool as well as a means of increasing our knowledge about the psychodynamics operating in ileitis. I selected the material for this presentation from the analysis which extended over three years with the intention of letting the patient speak rather than the analyst. Therefore only few interpretations of defences, resistance, dreams, and transference are incorporated into the case history, although such interpretations were given from the very start of the analysis.

The patient was 44 years old at the time he started analysis. He was suffering from chronic ileitis of long standing. The presenting symptoms were abdominal cramps and diarrhoea. He had developed these symptoms when he started college. He had an acute exacerbation at the age of 31 when he was considering marriage. He was then in a bad state, and shortly after his marriage he had to undergo surgery. A transverse ileonostomy was performed, but the symptoms returned after a short time and he had no relief from the operation or from medical treatment. Although he knew of and had read about psycho-analysis and accepted that emotional tension could cause illness, he did not think that he could be helped by it. He had been told that there was no cure for his illness and all available medical treatment had failed. He had accepted referral to me upon the urging of a friend and since nothing so far had helped he was willing to try.

A brief summary of the Rorschach he took prior to starting analysis follows:

- (i) He presents a picture that looks on the surface obsessive, compulsive, but his basic personality structure is at least schizoid.
- (ii) There is evidence of a thinking disorder.
- (iii) His defences seem to consist of intellectualization and withdrawal.
- (iv) It is the opinion of the examiner that there will be great difficulty in analytic treatment. However, he will most probably respond well to reassuring and supportive treatment, as it seems that he is at present in a great anxiety and almost panicky state.

At first the analysis dealt with his inability to express himself and to show feeling. At times he would feel constricted in the throat and his voice would become weak. He said that he had practised not expressing or showing any feelings for such a long time that now he actually had none. He remembered that he was always that way, and even as a child he never showed excitement. He remembered an incident when he was 9 years old. He was in the movies with other children. All the others were excited about the picture, and when he felt himself gripped by the excitement, he felt his pulse to see whether it was beating faster. In this way he had learned very early to control and stop his excitement. He was a very good child. He always accepted authority and never rebelled.

He could do only a minimum amount of work in his office and at home he would require a lot of rest and quiet. He could not help his wife in the house or with the children. She could not leave him with the children when he was at home because he would get cramps and diarrhoea. He left all decisions and arrangements to his wife. He would not answer the phone at home to avoid embarrassment, since he could not make any arrangements or impromptu decisions. He said that he felt like a rabbit to a lion in his relationship to his wife. He was given the interpretation that feeling so helpless he had to resort to magical ways of coping with powerful people; cramps and diarrhoea. He very often associated in the form of visual imagery which he

¹ Paper read at the Annual Meeting of the American Psychoanalytic Association in San Francisco, 9 May, 1958.

called 'mental pictures', and to this interpretation he associated a picture: he saw his mother talking to someone and himself as a little boy tugging at her skirt. If she didn't come right away when he called her, he took it very badly.

He had always related his bellyaches to food. On several occasions he had the experience that certain foods which previously had caused severe cramps he could now eat without any untoward reaction. He himself began to tie up the cramps and diarrhoea with his reactions to people and situations. He reported the following dream: He saw someone commit murder. The murderer saw him and so he started to run. Some associations: Some people call diarrhoea 'the runs', 'running to the bathroom'. In a symbolic way, this is running away, he said. Again he had visual imagery as associations: scenes from early childhood, mischievous children running away. One of the children snatching something from a fruit store; a little girl permitting him to inspect her.

He often had cramps and diarrhoea during the night. One night he vomited but had no diarrhoea. He said that he had got rid of the supper during the night by vomiting. He felt that he had been gluttonous that evening 'the way I attacked my supper'. He had very severe cramps and sat up in bed until four in the morning. He thought of labour pain. That's how it must feel. While relating this he thought of a 'Spartan' story: 'A boy had a fox hidden under his clothes and would not admit that he had the fox hidden. The fox tore his insides out.' The virtue was not to be caught. 'This is an odd association to come to my mind', he said. 'What's so Spartan about me?' He remembered that he used to vomit as a child, especially when fed soft-boiled eggs. The sight of the soft bluish white made him vomit. When he hears his little daughter gag, it reminds him of himself as a child. The white of the egg reminded him of the colour of spermatic fluid. Again he had a vision: He saw himself hiding away in the bathroom when he first started to masturbate as an adolescent. In another mental picture he saw himself standing in the corner in the school with chewing gum on his forehead.

In one of his sessions he complained that his lunch didn't seem to be going down. When asked what he thought it was that wouldn't go down, his answer was 'pellets of hard faeces'. This is a strange association, he said, and he thought of his little daughter when she is constipated. His wife then uses the phrase, 'Little hard balls, like rocks.' He thought of an incident where he dipped his hands in the lavatory pan to pull out some spoons the child had thrown in. He also thought of the time he retrieved a penny from the stools of his little son, which the boy had swallowed. He was able to do this, he said, by holding his nose so as not to 'smell'. 'It is hard to say such things. It's like being nude when everyone is dressed', he remarked.

He remembered a fragment of a dream from

which he awakened with severe cramps. He had swallowed something indigestible: a large marble. When he awoke, he had felt a lump in his belly, and now that he spoke about it, he felt a lump in his throat. I just swallowed it down, he said. What he swallowed was much larger than a marble, and it wasn't really a marble, he said. His fear was that it would have to be cut out from his intestines. This type of dream was a recurrent one which he had for many years and from which he would awaken in great anxiety.

He used to be in the habit of chewing toothpicks. When in college, he thought that swallowing these chewed-up pieces of toothpicks had caused his ileitis. He would talk about this to some of his friends and instructors, who laughed at him and reassured him that this was not possible.

He had a great fear of vomiting and nausea. He also had a fear of choking and passing out. When he would get the abdominal cramps, he would shiver and his muscles would contract. He remembered that, as a child, when he had to get up in class his knees would tremble so that he had to steady them with his hands.

In discussing the feeling of a lump in his throat, he said that he had experienced this feeling for the first time at his mother's funeral when he was 21. At first he had said 'When I was 17½,' and then corrected himself that that was the time he had left for college. This slip revealed that leaving mother and mother dying were unconsciously equated, and that the onset of his symptoms coincided with his leaving his mother. At the funeral he had a frozen face. There were no tears. He had the same feeling at the funeral of his niece, whom he liked, and at his father's funeral. The only place where he experienced such feeling now was in his office. It felt as if something got stuck in his throat and if it came down it would do him harm and cause cramps.

He began to complain about experiencing feelings he did not have before. The other day somebody told him something flattering. He felt elated. When something unpleasant is told to him he now feels depressed out of all proportion. Before it didn't matter what anyone said. But then he questioned himself. Didn't it really matter? 'It hit my guts', he said. Which is better? he asked himself. 'Now I feel like a screwball. It is not normal to oscillate like that.' His ideal was the Englishman with the poker face, and he had always thought himself too big for such petty feelings. To discover that he was jealous and envious was more painful, he said, than the bellyaches. He could never say that he cared for someone, really liked someone, and during one session when he spoke of his youngest brother and said that he was fond of him, he stopped and then asked, 'Isn't it odd to go through a lifetime and never have said such a sentence. It makes me feel great to say it.' His art teacher would tell him that his paintings lacked colour. He would choose only pale colours, mostly grey. He could never use

strong, intense colours. Everything to him had been grey. Now it felt as if the light were suddenly brighter.

There was marked improvement in his condition. He had only very occasional diarrhoea and cramps, and when he started to develop pain, he could, as he put it, 'hold it off' and forestall a severe attack. He now began to complain more often about feelings of depression or 'throaty feelings' as he called them. He felt very unsure of himself and his ability to handle emotion. The other day, when his little daughter was crying and was told not to cry, he could see it go into her throat and form a lump there. 'I hope she doesn't develop the lump in the throat as I did. If we could just let her cry it out', he said. His fear of being at the mercy of his feelings was expressed in some of his mental pictures: A little object tossed around on the ocean; A pool of water and somebody prompting him to dive in. 'I can't swim', he said.

At this point some remarks concerning the technique of treating a psychosomatic patient psychoanalytically seem to be indicated. The phase of analysis when the immediate release of impulses via the somatic symptoms is interfered with through analytic interpretation, but the unconscious fantasies and the infantile structure of the patient's personality have not yet been fully analysed and changed, is a difficult one. Yet this is an unavoidable phase in the treatment, because the patient has to learn to accept and to tolerate consciously painful emotions and feelings of depression. For the first time in his life such a patient is faced with the possibility of having to give up his fantasy of omnipotent control over the needed object (which he had acted out) in the somatic symptoms, and to accept a more mature object—relationship. It is during this phase that mistakes made earlier in the treatment will be of the most serious consequence and not only preclude further progress but may precipitate an acute exacerbation or even a psychotic break.

I have in mind particularly such techniques as the anaclitic type of treatment which encourage regression and support the patient's belief in omnipotence and his feeling of inability to handle his emotions and to accept responsibility for his behaviour, emotional as well as somatic (1). The so-called 'supportive treatment', in my opinion, is not supporting the patient in his meagre attempts to get well, but is rather supporting him in his strong wish to remain sick. A dream of my patient is significant in this respect. In the dream he was arguing with somebody about the price. The day before the dream we had discussed that he was paying a high price for what he was getting by being sick and denying his true feelings to himself. The patient had said, 'Illness is the key to the heart'.

I have found that there is no better way of safeguarding the patient during this period of analysis than through his relationship with his analyst. In the transference relationship, the patient partakes of

the strength of the analyst. The analyst, by not succumbing to the patient's fear of the nature and urgency of his impulses, conveys to the patient (as the parents should have done to the child during the original phases of instinctual development) the feeling that he may experience such impulses and yet be able to delay and if necessary to forego their gratification.

My patient now, instead of analysing his dependence, would have liked to shift it to the analyst. To my interpretation of this, he reacted by seeing a picture: Himself as a little boy and his mother taking him by the hand. That is what he would have wanted the analyst to do. That is how he thought he could face the world. He complained about the analytic relationship. 'It's an odd relationship. When I am here, I feel fine. If I could only take more with me.' He reflected that it would be preferable if he could do his analysis from books. He could always have books with him. He was afraid to become involved in the analysis with his feelings.

He was now in the second year of the analysis. He was bothered by his feelings and he also complained of occasional dizzy spells. 'If I have a cramp or diarrhoea, I feel mentally at ease,' he said. 'Then I am not depressed and give my attention to my symptoms.' Now he would find himself, instead of having cramps, in a daze, as if his mind were away somewhere. The other day somebody remarked to him: 'You look as if you could bite somebody's head off.' This never happened to him before. He had his facial expressions so well under control.

The analysis now took on a different flavour. He began to speak about matters which before he had guarded carefully. He often would say, 'I have a secret. It you only knew the real me.' He told me that he had a rectal discharge which was very copious at times and which stained his underwear. Although he used lots of toilet paper, his underwear was always soiled. He felt guilty about this and, with a grin on his face, he would tell me that he was trying to hide his dirty underwear from his wife like a child would hide dirty pants from his mother. Because of the smell from the liquid brown discharge, he would take daily showers. 'It's like a frothing of the mouth, only it comes out at the other end.' He had been considered a smart child because he trained very early, he told me. One could tell by looking at his underwear, he said, what sort of a day he had been through. He thought of one physician who specialized in rectal work. This physician lets his patients wear menstrual pads. He said that he could tell by the shape of the faeces whether his colon was relaxed or tight. Even by passing wind he could tell by the sound whether it was relaxed or tight. He told me that he could well differentiate between the spasm and the contraction for bowel movements, but he would try to use the spasm for bowel movements and would be very unhappy if he did not succeed, feeling that he would explode.

He began to tell me about his interest in sex. He remembered that, as a child, he would bring home a cocoon in winter and then keep it near the radiator until the butterfly came out. He would germinate peas and beans and add fertilizer which smelt all over the house. His mother didn't want him to do this, but he has continued it to this day. He is still very much interested in planting and he keeps plants and a fish tank in his house. He had a very vivid memory of something that occurred when he was three or four years old: 'There was something in a dish which was covered. Everybody was very secretive about it.' When he thought of it later, he thought it must have been the placenta. He is one of six siblings, next to the youngest brother, who is 2½ years younger than the patient. He thought of himself as looking like a woman; fat around the chest and hips. Maybe this is due to not having enough male hormones, he said. While he was speaking about this, he experienced a cramp going down to his genitals. He now told me how he thought his ileitis started. The first symptoms were cramps going down to his legs and his genitals. Preceding and during the ileitis attack, there was sensitivity in his testicles to pressure. Also, when he feels tense, his sphincter tightens so that he can't get his finger in. After a good night's sleep or in the shower, the sphincter relaxes. Under a hot shower he would sometimes masturbate. He would not let himself have an ejaculation, but would try to separate orgasm and erection in time and let it drop out, not squirt out.² He had not masturbated much in recent years because he did not have the strength, he said.

His ideas of having harmed himself inside by swallowing something came up again, now in connexion with infantile sexual fantasies of oral impregnation in which the sperm was represented by worms and insects. For instance, in one dream he was served a dish of Swiss cheese, the holes were filled with insects; in another dream he was feeding worms to his wife. In this connexion, it may be of interest that in his Rorschach a preoccupation with insects had been noted. On the conscious level he added to the accusation of having harmed himself by swallowing chewed-up toothpicks another one which he thought caused his ileitis. He related that he had also been in the habit of eating Indian nuts. He would not bother to shell the nuts, but cracked them with his teeth and swallowed them with the shells. It was his hoggishness that made him sick, he said.

Homosexual fantasies related to the ileitis began to emerge in the analysis. He had a series of dreams in which he was attacked in his belly. In one dream, he was a prisoner and the policeman hit him in the stomach. He doubled up in the dream. That night he had seen a prize fight on TV. He could not see anyone getting hit in the belly, he said. It did some-

thing to him. In another dream, his father made advances towards him as if to hit him in the belly. His father appeared to be crazy in the dream (his father had a senile psychosis before he died). His father had never struck him. When he was twelve years old, a friend whom he had been teasing hit him in the belly. In later years he tied this incident up with his illness, thinking the boy might have injured him.

He has a fear of bending down; it would bring on the cramps and diarrhoea. He remembered an incident when he bent over to tie his shoelace and blacked out. This was shortly after his mother's death.

He thought of the circumstances under which he got married. At the time he met his wife and had an acute exacerbation of the ileitis, he thought that perhaps it was a good idea to have someone around. He had known one girl before he met his wife and had made it clear then that he had no intention of getting married. This girl had a nervous breakdown. He can't understand to this day how anyone should have a nervous breakdown over him. Much later in the analysis he told me that when he got married he didn't think that he would live. He thought that he would soon die, he was so sick. His mother died after a gall bladder operation. She had suffered from it for a long time. His father was opposed to surgery. The patient thought that he, too, would not survive the operation.

The analysis was now nearing the end of the second year. There were marked changes in his relationship with his wife and his children. He could now not only discuss matters with his wife but even argue with her and win his points. (At this point his wife thought that he had improved enough and didn't need any more analysis.) He actually became interested in his children with whom before then he had competed as a rival sibling. He had considered them his wife's children and a nuisance. He had no cramps or diarrhoea, although he now exposed himself to situations which he had previously avoided.

He now developed a new symptom: spasms of the eyes, particularly the right eye. He complained that he could not focus sharply, that it occurred in tense situations, and he compared the tightening of his eye to the tightening of his anal sphincter when he felt tense. He said that it occurred when he was trying to peer intently at something. It was found that this was not an entirely new symptom and that he had had spasms of the eye with blurring as a student in college when he worked in a laboratory. He had then attributed it to eyestrain. This symptom occurred at a time when the analysis dealt with highly charged scopophilic material relating to the primal scene and birth of his brother. By this time he had gained sufficient insight into the dynamics of

² His need to divide these experiences is a further indication of his fear of being overwhelmed by strong

emotions and a striking illustration of the mechanism described by Otto E. Sperlberg (11).

his ileitis to preclude the use of these symptoms. He worried that he would go blind and he seriously considered giving up his work completely. He had felt all along that, with his health improving, his wife had begun to make too many demands upon him. At this time, she wanted him to buy a home and to make considerable changes in their living conditions. He, on the other hand, did not want to assume more responsibility and would have preferred to speculate with his money, entertaining the fantasy that he would get rich overnight and would not have to work at all any more.

The analysis dealt with his resistance: his wish to give up his work, the analysis, and his disappointment in the analyst who he felt was depriving him of his 'excuses'. 'Maybe I don't want to get well. Maybe I want the *status quo*,' he said. After some of this was worked through, the patient brought material from his early childhood. In association to a lengthy dream in which he was in a place where he was not supposed to be and which also dealt with a camera, photography, and looking, he produced a series of memories from the time when he was three or four years old or probably even younger. He remembered a visit to the hospital when his cousin was ill. The patient wanted something this cousin had, maybe a toy, he said. He clearly remembered the hospital room and the layout. He couldn't quite understand how he could have been there since children were not permitted. He thought of his grandfather, who had a red beard, but whom the patient had never seen. Then he thought of his father's stained clothes. He couldn't understand this because his father was meticulously clean. Then he remembered an incident when he had watched his father doing something to a callus on his foot. He saw his father's foot up on the kitchen stool and himself watching. He saw the gaslight. There were no electric lights as yet. 'I can still smell the ether contained in the preparation which my father used', he said. He must have been four years old or younger at that time. He then remembered another incident which impressed him very much. He must have been very young then, he said. It was a Friday night and the brandy was set on fire. He watched. Some brandy spread onto the table and burned. This took him back to another memory which he had mentioned before in his analysis and which he had intellectually and in retrospect related to the birth of his brother. He now saw the covered dish and how everything had been hush-hush, as if he were not supposed to know. 'I just felt a lump in my throat. I thought of little milk cans on a wagon. I never got one. 'I treat you both alike', I hear my mother and father say. I never let him play with my group of friends and to this day I get a certain respect from him.' (This referred to his 2½-year-younger brother.)

It was during this phase of the analysis that the following incident occurred: The patient saw the superintendent of the building in which he lived with

a bandage over his eye. He inquired about it and the superintendent told him that he had got his eye sore from working in the sewer cleaning out the dirt. My patient was particularly impressed when the superintendent indignantly told him that there had been condoms swimming in the sewer. That night my patient had the following dream: He was in a dormitory or big bedroom. (The patient is one of six siblings.) There was a toilet next to each bed. He was wondering about privacy. He vaguely remembered two people in the dream. He thought they were his parents. He saw two condoms lying on the floor. There was no anxiety in the dream, he said. But he had to get up immediately after awakening from the dream and go to the toilet to urinate. He felt slightly dizzy when he got up as if there were something wrong with his eyes. On the way back from the bathroom he almost fell and hit his toe against the door. He became panicky in anticipation of the excruciating pain that he would now experience in his toe. He slumped on his bed, palpitating and trembling, and waited for the pain to come. Strangely enough the anticipated pain did not come. In association to this dream, early memories came up about his getting up at night to go to the bathroom and passing his parents' bedroom. He remembered an incident which struck him as very odd when he reported it. He thought of the time his friend got married and the patient and his younger brother went along on the friend's honeymoon. 'It was a sort of a one-room affair', the patient said. They all shared a cabin in the mountains with hardly any partitioning.

After this material and the patient's reluctance to assume the responsibilities of an healthy adult were worked through in the analysis, his eye symptom cleared up and the patient bought the house. He had now been in analysis for two-and-a-half years. It was gratifying to see how this man, who before had been afraid of any activity, and had spent his free time resting or reading, was now working in his house and garden unafraid of bending and obviously deriving great pleasure from these activities.

It seemed that the patient at this point was reluctant to go further in the analysis of his unconscious homosexuality. He produced material which indicated that he knew what his real sickness was but that he wished to think that his analyst (mother-wife) did not know. In one dream a little old lady in an old-fashioned dress with puffed sleeves was examining a little infant boy who was full of bumps. There was a sick cat in the room. The patient said something. The old lady said she was a professor. In the patient's mind, cat was associated with homosexuality. He was the sick cat, he said. He had reported another dream shortly before in which two snarling cats were spitting at each other and he had then associated two men who had had a heated argument and whom he suspected of homosexuality. The old-fashioned dress reminded him of a dress his mother wore in an old photograph. His mother

really didn't know whether to treat him as a boy or as a little girl. When he thinks back, it strikes him that he really behaved more like a little girl.

The analysis was terminated at the end of three years by mutual agreement. The patient said, 'I know I need more analysis but I'll make it do.' Three years have passed since the termination. The patient has remained well and is enjoying his work and his life.

Summary and Conclusions

Among the various psychosomatic disorders which thus far have been investigated psycho-analytically, regional ileitis does not seem to be represented. At least I could find no reports on it in the psycho-analytic literature (12). My patient was a chronic case of regional ileitis of long standing with a history of frequent acute exacerbations and of unsuccessful surgical intervention (transverse ileonostomy) 13 years prior to the start of analysis.

The psychologist, on the basis of the psychological records, advised against psycho-analysis and suggested some form of supportive psychotherapy. The patient himself was reluctant and very sceptical about the value of psycho-analysis in his case. The situation did not seem very promising.

In treating patients with various psychosomatic diseases, in particular ulcerative and mucous colitis, who from the medical and psychiatric points of view had been regarded as poor risks, I had learned that the only approach which worked immediately and in the long run led to remarkable permanent improvement and in some cases to cure, was a psycho-analytic approach as I have described it (2, 3, 4, 5, 6, 7, 8, 9, 10).

The significance of the cramps and diarrhoea as this patient's form of somatic rebellion was pointed out at the beginning of the analysis and followed up shortly after with the interpretation of the unconscious significance of cramps and diarrhoea as a way of omnipotently controlling frustrating objects by squeezing them through his intestines and by devaluating them and getting rid of them as faeces. It was interpreted to him further that any situation which he felt he could not control in reality, provoked an unconscious feeling of helplessness with danger of loss of control over himself; that his struggle for control was then acted out somatically on the anal level at which sphincter, muscular, and emotional control are learned and acquired.

His youngest brother was born when he was 2½ years old and at the height of the anal phase.

There was only one way in which to compete successfully with the baby brother for his mother's favour. He had to repress his anal impulses and to be compliant and good at all times. He could never incur his mother's disapproval. Under the influence of strongly repressed homosexual wishes and on the basis of his anal fixation, a shift from genital to various forms of anal sexual activities seemed to have taken place in adolescence.

After these aspects of the patient's presenting symptoms, somatic as well as emotional ones, had been dealt with, the patient could bring into the analysis his infantile sexual fantasies, fears, and wishes associated with and gratified by his symptoms.

Although he had at first dated the onset of the ileitis symptoms to the time when he started college at 17½, it was found that specific symptoms, namely, the cramps going down his legs and to his genital and the sensitivity of his testicles, preceded and persisted during his illness.

He developed abdominal cramps and diarrhoea on separation from his mother with intensification of these symptoms after her death when he was 21 years old. He had not been interested in girls and had not thought of getting married. When he met his wife he was 31 years old and suddenly confronted with having to make a decision to marry. He had an acute exacerbation, and it was then that the diagnosis of regional ileitis was established in the hospital and he was told that if his condition did not improve he would have to undergo surgery. In these circumstances, he decided to get married and shortly thereafter the transverse ileonostomy was performed. Although his wife was younger, he knew that he married her as a mother substitute and he established with her the relationship he had had with his mother. He was the good child who never rebelled, and she took care of him. As he put it, his illness was the key to her heart.

It might be of interest to compare the findings from the analysis of this patient with those from the analyses of patients suffering from ulcerative colitis. The outstanding symptom was his tendency to spasms, especially of the intestines. Although the diarrhoea was a prominent symptom, it did not have the character or intensity found in ulcerative colitis. There was no blood or pus in his stools and he had no anorexia, which is another very prominent symptom in ulcerative colitis.

His fantasies about the ingested harmful objects were more of a hypochondriacal nature. This was also apparent in his feelings about the operation. He thought that the surgeon had not cut out enough of the ileum. But what he really meant was that surgery had removed only part of the ileum and not the harmful object inside.

The ulcerative colitis patient has an intense urge to get rid of the oral sadistically incorporated object immediately, and this process takes place in the colon, which is the organ for

elimination. I have found that the fixation point in ulcerative colitis, especially in the severe cases, is primarily to the oral sadistic level with underlying depression. In this case, the fixation was primarily to the anal and more specifically to the anal-retentive phase with underlying obsessional hypochondriacal and schizoid features. I am aware of the fact that no definite conclusions can be drawn from the analysis of one case, and I am offering these ideas as suggestions for further investigation.

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THE METAPSYCHOLOGY OF AUTOSCOPIC PHENOMENA

By

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An autoscopic phenomenon is the encountering of an image of oneself. The image may be an hallucination; it may be an illusion, as when one takes a mirror image to be a person; or it may be a vivid fantasy. Most autoscopic phenomena, as the term implies, are primarily visual, but often other sensory modalities participate: the image may speak, or it may touch the subject.

Autoscopic hallucinations occur in cases of brain damage, particularly when a portion of the lesion falls into the parieto-temporo-occipital area. They may form a part of a psychic seizure, or they may occur separately (1). They have been described in cases of structural and non-organic disease of different kinds, especially frequently with migraine and epilepsy (5, 16), but they have also been reported autobiographically by a number of normal, in fact distinguished individuals as well, for example, Archbishop Frederic (E. J. Lloyd) (5) and the physicist, Ernst Mach. Freud, too, has described his experience of an autoscopic illusion (2, p. 248).

The idea that an individual has a 'double' has been a fascinating one, and the 'double' is a favourite theme of writers who attempt to create weird and uncanny effects. Freud deals with the subject in his paper on 'The Uncanny'. He first briefly reviews Rank's observations and suggestions. Rank wrote that the concept of the double is an attempt to insure against the death of the individual, much as a multiplicity of limbs acts to deny castration. 'Doubling' is a manifestation of primary narcissism, though subsequently, in adult life, the double appears as a harbinger of death. Freud adds that not only may the image of the body, which resides in the ego, be split and reduplicated, but splitting of the ego may constitute a normal aspect of development, that is, creation of the superego by detachment of a part of self-observation and ego ideal. However the unsettling effect of the doubling phenomenon is probably to be ascribed to the fact that it is a repetition of a psychic event which occurred during the period of infantile narcissism.

A related phenomenon, illusory reduplication of paralyzed or lost body parts in cerebral disease, I attributed (8) to the effect of a rebirth tendency or instinct which comes into play when an individual living organism or group sustains a loss. I cited as an example the schizophrenic's tendency to repopulate a world which seems dead to him.

In this brief report I shall attempt to elucidate the metapsychology of autoscopic phenomena on the basis of some clinical experiences.

Case A: A 16-year-old boy came for treatment in September, 1958. He had been fighting a depression for about two years by drinking and provocative acting out. After each episode of acting out, he felt guilty and became even more depressed than before. He had enjoyed the summer in the company of five other young people at a summer community where his parents had taken a cottage. Among his companions was a girl who was 'going steady' with someone else, not present at the summer community. Although he knew this, my patient permitted himself to become fond of her and with her had his first petting experiences. When the summer was over he was disappointed and angry that, although she continued to see him and pet with him, she retained her other boy friend as her first choice. As the Christmas vacation approached, A attempted magically to recapture his pleasure of the previous summer by inviting to his home for a weekend stay his five companions, from several different cities, including his teasing girl friend. A few days before they were to arrive, he determined to tease her by inviting, for an evening of the weekend, a girl he had recently met, who was known to be somewhat loose in her behaviour. By necking with this second girl in the presence of the first, he would make her jealous. He told me of this plan with glee, on Wednesday, the day before Christmas. He also told me that he intended to borrow a car and drive it illegally. Immediately thereafter he became restless, reported that he had nothing more to say, and wanted to leave before the end of the session. 'I know you must think I'm a terrible person.' Although he acknowledged that his anger was due to

projected guilt, he was so angry with me that he clenched his fist and struck his hand with it repeatedly while at church that night, and his parents noted that he was surly during the Christmas observances at home. He explained that he was angry with me because I was, after several months of observation, able to watch him do something improper. He compared it to his sitting at a microscope at school, watching an amoeba, and impatiently waiting for it to split (n.b.). He skipped his session on Friday.

On Monday evening he told me that the weekend had gone badly, or at least had seemed to go badly. The car that was to be borrowed wouldn't start. The new girl who was to make the old one jealous didn't show up. Even though he spent several hours petting with the latter, and many more in conversation with the whole group, he remained depressed during most of the weekend. It seemed to him that too few people came to the party he gave on Sunday and that no one enjoyed himself. 'When I looked in the mirror this morning, my face looked like a mess', he said, referring to his acne. 'My shoulders looked too narrow, so I put on a heavy jacket.' We had previously ascertained that he had been troubled for some time by concern that he was not well built and not attractive, and that his concern in this form was a displacement from concern about the inadequacy of his genital. After the session we discovered that it had begun to rain. I suggested to A that he call his mother and ask her to drive over and pick him up by car. No, he would walk home, the rain wasn't too heavy. It was a ten-minute walk. I learned in the following session that as he was walking through a wooded area alongside a pond, he felt weary and stopped to lean against a tree. He felt that he would just like to stay there, and at the same time he could visualize an image of himself continuing to walk home. 'I wanted just to stand there and let another part of me carry on.' A few moments later he continued on his way. In response to a question, yes, he had wanted to die. The patient was embarrassed as he related the incident, and blushed. He thought such an experience might be a sign of mental illness, perhaps schizophrenia. Lukianowicz reports that several of his patients too were embarrassed as they reported autoscopic experiences. I am not sure whether my patient's experience was merely vivid fantasy or actual hallucination. From his self-consciousness I would infer that it was the latter.

That night A had a dream which he unfortunately reported only at the end of the next session, so that there was no time to ascertain the details or to obtain associations. There was a small body of water separated from the ocean by a narrow sandy isthmus. It was A's task to tow a rowboat from the ocean side onto the sand with a small automobile. He could not manage the automobile. Instead of a steering wheel, there was a bar that one twisted with one's hands. I can provide some of the probable associations. The marine locale refers to the resort spot

where he had enjoyed the companionship which he had attempted to recreate in his weekend reunion. The lake alludes to the pond, alongside of which he had wished to remain and die. The isthmus refers, by a phonic association, to his girl friend. The car he could not drive refers to the one he had intended to drive illegally but which did not become available to him. The dream wish, I believe, is the wish to be reborn. The attempted rebirth failed, because he could not adequately control his penis in masturbation, and was not able therefore to master the girl. The fact that the pond next to which he had stopped and wished to die appeared in the dream, suggests that the dream repeated in some way the autoscopic experience which had occurred several hours previously. The patient was still depressed at the session on Tuesday evening when he reported the autoscopia and the dream.

When I saw A again on Friday he was still depressed. He was no longer simply concerned with self-degradation, but was indulging in fantasies of leaving home, going to a distant community where he would find and live with an elderly couple who had no children, and where he would prove himself by working for his room and board, and by succeeding at school. This was a fantasy of rebirth by leaving his parents and adopting other parents. A recalled that as a small child he had wondered what things would be like if he were the child of other parents. In that case, he had thought, he would necessarily be another person, so it made no sense to continue with such ideas. Meanwhile he had written a letter to his girl friend expressing his anger with her openly for the first time, but he wrote courteously and temperately and intended with this letter to discontinue the relationship.

On the following Monday, A reported that he had enjoyed the weekend. His parents had been away and he had been told to spend his time as he wished, without supervision. The only advantage he had taken of this freedom was to come home an hour later than usual on Friday night. He had given some thought to what he would do if his parents were killed while they were away on their trip, whether he would continue to live at home with his little sister or go to live with relatives. Then he had considered the possibility of drawing up some kind of written agreement with his parents whereby he would promise to do everything expected of him, and they in turn, would stop their close supervision. Finally, toward the end of the session, blushing and with some embarrassment, he related another autoscopic incident. Saturday, as he sat alone reading, it seemed to him that 'another one of me goes to the medicine chest and takes an overdose of sleeping pills'. Again it was difficult to ascertain the exact quality of the apparition because of his embarrassment. 'I could see this fellow standing in front of the medicine chest pretty clearly', he said. The patient recovered from this period of depression by becoming reconciled with his parents.

Notice that this case is consistent with Freud's observation that the appearance of the double is a harbinger of death. In each of these two incidents, one of the two images wished to die: in the first instance, the patient himself wished to die, while his double went on home; in the second, it was the double who went to take the sleeping pills, while the patient remained sitting in his chair. In the second instance, the experience followed the fantasied death of his parents. In each case the patient remained stationary while the double moved away from him. In most of the case reports I have seen the observer is stationary and the double moves towards or away from him. Lukianowicz reports three cases that were neither organic in origin nor schizophrenic. His first patient was a woman who had retired from teaching because of a nervous breakdown. Her autoscopia began when she returned to her home from her husband's funeral. The second patient had lost a leg and finally was run over by an electric tram under circumstances that lead one to suspect suicide. (It is interesting to note that this man had observed that his double could walk through solid objects such as doors. He died by walking into the tram.) The third patient developed the phenomenon two years after he became aware that he suffered a diffuse sarcoidosis which was invading all the tissues of his body.

That rebirth, as well as death, is one of the aims of the autoscopic experience is illustrated by this case. Both the dream and the fantasies that followed the first incident of autoscopia demonstrate the strength of the rebirth wish. The same association is evident in his comparing himself, *before* the first autoscopic incident, to an amoeba about to split. The association between rebirth and loss of identity occurred to this boy, and frightened him, even in childhood, when he considered the possibility of having other parents.

To this point my observations have served to confirm Freud's few concise remarks. My chief point is somewhat different. In recent papers (11) I have tried to show that the libido content of the ego, that is, its potential of libidinal energy, may be estimated by means of certain clinical criteria. Depressions can be classified according to whether they are associated with a high or low level of erotic energy in the ego (12). In the former case we see an unhappy patient who strives to end his unhappiness by some kind of acting out. In the latter we see an inactive patient, or in the extreme case, a patient with

melancholia. When there is little or no erotic energy available to the ego, its tonic and object directed functions can be maintained only by the energies of the death instincts. In other words, in such melancholic depressions there is a true instinctual defusion. Another characteristic of melancholic depression is that external objects cease to exist for the patient. To the extent that objects or their effects are appreciated, they are seen as virtual introjects. The ego knows only itself, and that not as an object, but merely as the experiencer of sensations. The loss of erotic energies has permitted the ego to collapse back into a state of primary narcissism. However, the object loss which precipitated the depression, and the energy deficiency in the face of continuing superego and environmental demands, cause great discomfort, and this, in turn, evokes the energies of the death instincts. We have then, in melancholia, an ego suffering great pain, eager to act to destroy something or someone in order to eliminate the pain, but 'knowing' only itself as the source and seat of the pain. The suicidal tendencies are the only possible result. In the ego-depletion depressions which are less intense than real melancholia, the situation is similar though less pronounced; some object-directed ego libido remains.

What does this have to do with autoscopic phenomena? When I considered the material of Case A, I was reminded of Freud's suggestion (3, p. 54): 'Is it not plausible to suppose that this sadism is in fact a death instinct which, under the influence of the narcissistic libido, has been forced away from the ego and has consequently only emerged in relation to the object?' But where, owing to ego depletion, primary narcissism prevails, as it does in melancholia, or to a lesser degree in milder ego depletion depressions, there are no libidinal objects. It is for this reason that projection is infrequent in melancholia. When it does occur, it consists simply of displacing the delusional illness upon someone else, but there is no consequent interest in the object, as there is when the schizophrenic attacks his persecutor. In the ego-depletion state, projection can be used only defensively, and not as a mode of entering upon a libidinal object relation. It occurred to me that when, in this state, residual libido (or perhaps, defensive death instincts) attempts to deflect the activated death instincts from attacking the hurting ego, it could encourage them to employ projection. The source of the pain, the disappointing ego, the unattractive

body, the demanding superego, the suicide impulse, any of these may be projected out. In the absence of a psychically valid object, the projection is manifested only by an hallucination. In some instances the 'bad' fragment remains, while the 'good' fragment is projected out. For example in Case A, the suicidal image was projected out in the second episode, but the hopeful image was projected out in the first. In short, it seemed to me that the autoscopic phenomenon occurred in states of primary narcissism associated with ego energy depletion, when the activated death instincts attempted to force the source of pain outside the ego. I found this view confirmed, but obviously less original than I had thought, when I encountered a statement in Freud's paper on 'The Uncanny' (2, p. 236) written at about the same time as 'Beyond the Pleasure Principle,' to the effect that 'doubling' is partially to be attributed to 'the urge towards defence which has caused the ego to project that material outward as something foreign to itself'.

I must add to the account of the case material, therefore, that my patient was in a state of ego-depletion depression, that is, a mild melancholia, during the week when these two autoscopic incidents occurred. The evidence for this opinion is: (a) a preoccupation with inner sensations and less with visible attributes (primary as opposed to secondary self-observation); (b) lowered self-regard; (c) relatively little concern with objects; (d) general inertia and unusual difficulty in getting up in the morning; (e) pessimism; and (f) guilt. These are clinical variables which I consider indicators of dearth of libidinal energy in the ego (9). The fantasied attempts at recovery and the rapid actual recovery indicate that this state differed from a true melancholia in that the ego depletion was not fixed, but was repaired as quickly as a suitable opportunity for object relation appeared.

If the reader will grant my contention that at the time of his autoscopic experiences the patient's ego was in a state of relative libido depletion, he may still question whether this state was necessary for the phenomenon, rather than fortuitously present. I think I can support the thesis with my second case.

Case B: A 29-year-old unmarried woman had been in analysis for nine years except for an interval of almost two years between the ages of twenty-four and twenty-six. Her analysis was plagued from the very beginning by a tendency to silence which also characterized her behaviour in all her daily life. She

would spend session after session in complete silence. It was this impenetrable resistance which induced us to discontinue the analysis at the age of twenty-four, content with the improvement we had already obtained. Depression forced the resumption of the analysis, but it went no better after resumption. No interpretation which I could devise, or which was suggested to me by an older colleague, prevailed against the silence barrier. Nor could I terminate the analysis, because the threat of suicide was growing as time was passing. In 1957 I had begun to use a few of the newer tranquillizing and energizing drugs to overcome some of the most serious technical difficulties I encountered in analysis (11, 13, 14). This resistance seemed to me to warrant such an unorthodox approach. Accordingly, in October, when the patient had just returned from a month's vacation in Europe, I prescribed 2 mg. daily of perphenazine (Trilafon) and gradually increased the dose to 12 mg. a day. The patient responded with irregular but definite increase in psycho-analytic production which was readily handled in analysis and which led to her understanding and accepting the erotic aspects of the transference for the first time. However, to my dismay, I saw a steadily increasing depression, preoccupation with thoughts of death and suicide, dreams about these, anorexia, insomnia, lethargy, lowered self-regard, and increased self-criticism. Finally, on 9 January the following event occurred. 'Thursday night I looked into the mirror. There was a buzzing sound in my ears. I saw an illusion. There was my image in the mirror, but what was behind me, the doorway, was not reflected in the mirror. The image in the mirror was telling me—I read in its eyes—the fastest way to get everything over with was to go into the kitchen and kill myself by turning on the gas. I didn't want to hurt anyone else so I decided not to do it. I ran out of the house onto the street and walked a long time before returning.'

Here then is a case of autoscopic hallucination occurring for the first time, in a patient under analytic observation for seven years, apparently induced by a tranquillizing drug. That is, the experience occurred in a state of ego depletion which was induced by the drug. Had the patient not been immersed in primary narcissism because of the dearth of available libidinal energy which could seek an object, I believe the need to discard a part of herself might have been satisfied by a primarily libidinal projection onto the object. For example, consider the following incident which occurred toward the end of December 1958 when the patient was not under drug influence; her depression was mild to moderate, irregular, but accompanied by her usual bulimia, which I believe may generally be taken as a sign that ego depletion is threatening, but has not yet occurred. She attended a cocktail party to which she had been invited. She received few such invitations and had hoped, perhaps, to meet a young man with whom she could establish a good relation.

She did meet a young man, but as she had done on several similar occasions, she went to bed with him on the same night. 'After intercourse, the more I looked at him, the more disreputable he became. He'd been acceptable up to that point. It was as though the contact with me had changed him. At one point I got up and looked into the mirror. I saw a pretty girl. I didn't look like I'd been drinking or having intercourse. I was untouched and completely without feeling—empty. I couldn't have respect for him now after intercourse. I felt contempt for him—and for myself. I suppose everything I felt for him I felt for myself. . . . On Saturday, I didn't want to wake up and face myself.'

Certain questions now require discussion. Clearly the combination of primary narcissism and ego depletion is not a sufficient condition for the occurrence of autoscopia, for this combination is seen frequently in psychiatric and psycho-analytic practice, while autoscopia is seldom encountered. Both these patients were prone to deliberate, self-conscious self-observation. Even when not depressed, they would speak about watching themselves in a dissociated way. They tended to look at their mirror images as one might look at other people. Some indications of a tendency to ego splitting have already been noted for case A. The evidence in Case B was considerably more extensive. There were numerous reports of conscious self-watching and self-observing. In addition, it was not unusual for the patient to say that she felt far away, separated, empty, unfeeling, unreal and not herself. In both of these patients, therefore, there was tendency for the ego to split into acting and observing fragments. Perhaps this tendency is also a necessary condition for autoscopia. Freud, who reported the single incident of autoscopia I mentioned above, certainly had a remarkable capacity for self-conscious self-observation, which he exploited in an astonishing way. My experience with my two patients suggests that in analytic session, the self-observing fragment identifies with the analyst and attempts to scrutinize the acting fragment; the former, however, itself resists analysis, and by entering enthusiastically into a compact with the analyst attempts itself to avoid scrutiny. Thus both patients would report to me fairly objectively what they had done, but were defensive about their feelings before, during, and after any acting out. It was the refusal of the observer to communicate her judgements and feelings that made for the frustrating silence of Case B.

We are led, then, to the subject of self-

observation. I have tried to distinguish between the self-observation consisting simply of awareness of one's inner feelings, coenesthetic sensations and affects, which, following Nunberg (7a), I have called primary self-observation, and the observation of oneself as an object, with the perceptible qualities of external objects (9, 11), which I have called secondary self-observation. The latter occurs normally when the ego is adequately supplied with energy by the libidinal instinct. The former is seen in the state of ego depletion. His physical appearance and those attributes visible to others are not considered by the patient with the melancholia-like depression, except to the extent that he may try to get rid of his pain by projecting what he considers to be its source, from his ego onto his body. In his hypochondria, the melancholic is concerned with dysfunction of internal organs which cannot be seen. The schizophrenic hypochondriac, on the other hand, speaks of having twisted eyes or pigmented skin or some other deformity, visible to others. (Many schizophrenics are also in a state of partial ego depletion so that their clinical signs and symptoms are not clearly to be distinguished from those seen in melancholia. A full discussion of this problem is beyond the scope of this essay.) One may perhaps say that the self-observation of the archaic ego, in its primary narcissism, is exclusively primary. As the archaic ego acquires psychic energy from the libidinal instincts in the course of its maturation, it becomes interested in objects and in itself as an object, rather than as a locus of sensation. That is, it acquires the capacity for secondary self-observation and secondary narcissism. In the state of secondary narcissism, the ego-ideal comes into being, and it becomes associated with the secondary self-observation of the ego, then forming the complex which is called the superego. In the shift from primary to secondary self-observation, the self-observing faculty becomes dissociated from the acting ego. When, as a result of disease, ego energy content exceeds normal limits, typically in paranoia, the self-observing faculty is projected outside the ego altogether, onto the object. This state in which self-observation is projected outside, I have called tertiary self-observation.

Let us return to the subject of autoscopia. Patient B suffered in her hysterical state of partial ego dissociation, which occurred in the presence of an adequate or excessive ego energy supply. As the energy level was reduced by the

drug, secondary self-observation gradually gave way to primary self-observation and the ego split tended to resolve. For a while, despite the reduction in ego energy, the patient was made happier by the integration of the ego. As the ego depletion became more severe, it became more painful. Finally, in extreme pain which induced a wish for self-destruction, the ego attempted to save itself by reverting once more to its defensive tendency to split: the critical self-observing and self-punishing faculty was split off from the ego. Since, however, neither secondary nor tertiary self-observation was possible, a hallucination was employed. Paradoxically, autoscopia is not really self-observation. It is a magical process by which an image of the self is rejected instead of the real self, in the same way as the primitive man will kill his adversary by injuring an effigy. The effigy is constructed not to examine or illustrate the adversary, but to dispose of him. One may even say that autoscopia is an attempt to terminate self-observation when self-observation is intolerable.

In autoscopia, the hallucinated image of the self is generally disliked by the observer. Freud (2) commented on this fact and suggested that the dislike arose from the 'uncanny' effect of seeing one's double. It seems to me that it is the dislike which impels the autoscopia in the first place. The image of the self is disliked and therefore projected out. When the image is seen outside, it is still disliked, and probably, as Freud remarks, more so, because it is a double.

While the projected image generally represents a repudiated aspect of oneself, in some instances, it is the 'good', the hopeful, or the feeling part of oneself. We have noted this inconsistency in Case A, and I mentioned above my suspicion that the division of roles between retained and rejected fragments was related to the more constant condition that the observing self was stationary and the hallucinated image moving. Now in some of those instances in which it is the 'good' fragment which is projected out, a feeling of depersonalization occurs (Lukianowicz (5), Cases A and F) which resolves when the autoscopia terminates. In other instances (*ibid.*, Case B) the union of self and image is associated with a feeling of unreality. Which of these two relations prevails apparently depends upon whether the projected fragment is the repudiated or the 'wholesome' one. In either case it is clear that the depersonalization is a response to rejection of a portion of the ego by

the faculty of self-observation. It is a manifestation of the defensive tendencies of the death instincts, just as negation is (4). Although autoscopia occurs, I believe, only in a condition of ego depletion, depersonalization is encountered when there is a defensive tendency to ego splitting whether the ego energy content is somewhat inadequate, normal, or excessive. It is interesting that in his paper on Depersonalization, Nunberg (7) includes an instance of autoscopia (Case 2). Depersonalization, as a means of repudiating certain images or fragments of the ego, occurs briefly in nascent schizophrenia, but the high libidinal pressure forces the schizophrenic ego to take others or itself as pseudo-objects onto which it projects these fragments of the psyche. Depersonalization can appear recurrently or over relatively long periods of time, days or weeks, in hysteria. It may be noted at the beginning of melancholia, or in mild melancholia, but once serious depletion of libido has ensued, no observing faculty in the ego can ordinarily become detached from the rest. When, however, in melancholic-type disturbances autoscopic splitting occurs, it may permit depersonalization.

One final point of interest. Two schizophrenic patients whom I have been following closely through relapses and remissions experienced visual hallucinations and illusions when I treated a relapse with a phenothiazine tranquillizer. These visual disturbances followed an initial quieting effect, lasted no more than one to three days, and disappeared days, weeks, or months before full reality testing was restored. In the case of one of these patients, visual illusions occurred also on one occasion, when a nascent relapse gave way to a mild sub-melancholic depression, probably as a result of analytic work, or at least without the use of a medication. This last observation indicated that the effect was not a toxic one. I would surmise from these several observations that libido withdrawal from the ego, whether occurring in the depression syndrome (12), or induced by phenothiazine tranquillizers, proceeds in such a way that the instinctual derivatives resident in the nucleus of the ego (9, 10) override the visual percepts conveyed to it by the ego supplement (1.c.), so that visual distortion or hallucination appears. Such a surmise would be consistent with and would help to explain my conjecture that early, or mild to moderate, enervation of the ego is a necessary condition for autoscopia.

In summary, hallucinations or illusions in which an image of oneself appears, are encountered in conditions in which there has been a depressive withdrawal of object and self cathexis, and also a diminution in ego libido content. This combination of psychic events occurs in melancholia, some schizophrenic states, and some instances of neurotic depression. Autoscopy is also more likely to occur in individuals who tend to use ego splitting as a defence. The autoscopic experience represents

an attempt to fracture off from the suffering ego the fragment which is felt to be the source of pain. The dearth of libidinal energy precludes projection of this fragment onto an object, while the prevalence of primary rather than secondary self-observation deters simple ego splitting with depersonalization. The latter, however, may accompany autoscopic splitting. Dynamically, autoscopy is a manifestation of wishes for death and rebirth.

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PREPARATION FOR ANALYSIS¹

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With the increasing popularity of psycho-analysis, we might be deceived into believing that individual resistance to analysis has diminished. However, people still do not know what analysis really is, and the popularity of such clichés as the great value of catharsis and the importance of releasing aggression and hostility has only introduced new and more subtle resistances. Furthermore, if we consider that the originally very limited indications for analysis have been greatly expanded in recent years, the resistances must have multiplied correspondingly. With increasing frequency analysts accept patients with weak or crippled egos, not particularly because of the excessive therapeutic ambition of the analyst, but because there is no other method available to strengthen a weak ego and to reduce an ego deformity, whose extent often is in inverse proportion to the will to recovery. The fact that we now accept such patients makes a thorough preparation for analysis even more imperative than before, when only psychoneurotics and a few non-neurotic cases with an urgent will to recovery were accepted.

If we focus on preparation for analysis, we have to consider that the first impression which the patient gains from his future analyst will be of prime importance. The patient might have followed a momentary counterphobic impulse to consult an analyst and might already regret his courage. However, if given ample time to scrutinize the analyst and perhaps to compare him with previous therapists and other significant people in his life, it will lessen his anxiety and increase his curiosity instead. Therefore, the initial or diagnostic interview should preferably be a two-hour interview. This also gives the analyst a better perspective from the start. Freud began analysis immediately by imparting the fundamental rule to the patient before he started relating his story. According to Freud,

'a systematic history telling should not be expected from the patient and never be encouraged; every piece of the history will later be told anew' (5). It is true that the patient, throughout his subsequent analysis, will recount details of his biography, but they will come piecemeal; to ask him for a consecutive narrative then will certainly be non-analytical. On the other hand, the repetitions with the various elaborations, improvements, and distortions of the patient's original story will be a valuable guide for the progress of the treatment. Apparently, Freud's greater concern was to keep his new method free from contamination with conventional psychiatry, a matter about which we no longer need be apprehensive. The initial interview for psycho-analysis cannot differ from an ordinary psychiatric consultation, especially since it will depend on this interview whether psycho-analysis or psycho-analytic psychotherapy will be recommended.

To avoid unnecessary repetition, Glover advised limiting history-taking to the non-referred cases (6). But aside from the fact that practically every patient we see is referred, the referred patient could be told: 'I have heard about some of your difficulties, but I would like you to tell me about them in your own words.' To the patient this can only mean that his words are given full credence, and that his own concept of the psychic experiences leading to the consultation is the only valid one.

Of great practical value is a careful inquiry into the patient's relationship to the referral source and into what, if any, preparation he has received from that source. Many false notions about analysis may be revealed and corrected in this way.

When the patient consults an analyst with an established reputation, and is referred by him to a younger analyst, this alone acts as a preparation, and some part of the reputation of the

¹ Presented at the Annual Meeting of the American Psychoanalytic Association, Philadelphia, 25 April, 1959.

older analyst will reflect upon the younger colleague. Though the referring analyst might consider the case hopeless and only be relieving himself of a burden, he still contributes essentially to the favourable outcome of the case by his mere statement that he considers his younger colleague highly competent. Even if the patient is referred after only one or two sessions, but especially if he appears for re-analysis, it is advisable to forget about free associations, and, first of all, to get a clear picture of his feelings concerning his former analyst, the reasons for the discontinuance of the old therapeutic relationship, and his feelings about the new analyst in comparison with the old one. Otherwise he will continue to carry over certain negative feelings which will interfere with the progress of the analysis. The new therapist also would miss an early opportunity of recognizing certain mistakes made by the former analyst, which he himself would be liable to repeat. It should be a routine procedure to inquire about open and camouflaged transferences to previous therapists, and then to attempt to probe for current transference potentials.

In regard to free associations, the patient as a rule might need some reassurance. Actually, by complying with the fundamental rule he is doing the very opposite of what he has learned since early childhood, because the person to whom he would confide everything that comes to his mind might use this knowledge against him. The analyst, however, as a neutral observer and a physician, will utilize this knowledge only for the patient's own benefit. No person is capable of complying effectively with the fundamental rule of free associations in the beginning of an analysis, since many people cannot even express their ordinary ideations. Therefore, the patient should be told that he need not be agitated if he finds that he cannot follow the rule to perfection. When the time has come at which he is able to verbalize his associations without deletion and criticism, he will be well on the way to the end of the analysis. Even at the definite end of an analysis the optimum 100 per cent of free associations are never produced.

To circumvent impulsive acts, for instance that the patient might prematurely and abruptly stop the treatment, the analyst must not omit to instruct him that the fundamental rule also refers to his impulses, and that he is supposed to verbalize every impulse before he carries it out. He can then also be prepared for periods of strong resistance, and told that at times he

will feel like running away because something is stirring him up. However, if he will stay in analysis until whatever wanted to break through has passed the barriers of resistance, he will no longer feel the need to run away. It is not too infrequent for a patient, already in the beginning phases of analysis, to wonder anxiously how well he is doing and how much longer the analysis will last. Lionel Blitzsten used to reply to such a patient: 'It took you 35 years (the patient's age) to get as sick as you are. I shall not be able to blow it away in a few hours.'

Ultimately, the patient should be prepared for the most frustrating feature of analysis, the analyst's silence. A good approach is to inform him about the policy in regard to questions. In the beginning the analyst will ask many questions, but as the analysis proceeds, he will ask fewer and finally none. This will not mean that he has lost interest or that the technique has changed. On the other hand, at times the patient might want to ask questions. Some of these will be pertinent, and for that reason will be answered. Some, however, will not be answered, and not without reason. The analyst may not even know the answer, or the patient may know the answer himself. At times it will actually be more important to discover the purpose of his asking the question than to answer it. Often the analyst will know the answer quite well, but the time will not be suitable for telling it to the patient.

Preparation for analysis is an endeavour to which no arbitrary limit can be set. Even after the patient has taken to the couch there may still be a period, lasting from a few weeks to some months, which can be regarded as preparation for analytic work. This puts the old controversy over the use of the couch into a new focus.

According to Reik, the seemingly insignificant fact that the patient talks but does not see the analyst sitting behind him, creates 'the atmosphere which transforms a sober situation into a magical one'. It is the couch that 'works magic in this age of modern technical achievement' (9). Other leading analysts are of the opinion that it is never too late to put the patient on the couch, but that it is very often too early. Robert Knight has cautioned that 'the technique of free associations in relative isolation on the couch, with the analyst taking an impersonal, inactive, listening role, invites autism and regression in the patient' (7). He limits this procedure to patients with enough ego strength to keep the therapeutically-induced

autism and regression controlled and temporary. However, there are other borderline patients with such powerful aggressive tendencies that a therapeutic intervention is possible only in circumstances which keep their aggressions against the therapist temporarily under control. These are patients who welcome a face-to-face interview as an invitation to verbal wrestling in which, of course, they expect to be superior and to defeat the therapist. In such a situation, the relative isolation of the patient on the couch will itself serve as a preparation for analysis. (One might even permit a patient to sit up again after this has been accomplished.)

Eissler, discussing deviations from the basic model technique of psycho-analysis, mentions Fromm-Reichmann's analysing in a face-to-face situation as a deviation, or, he calls it, a parameter. He enumerates other parameters, and then warns against the ready introduction of parameters by which the therapist may only cover up his inability to use properly the interpretive technique, which Eissler considers the only tool of classical psycho-analysis. He also states that 'every introduction of a parameter incurs the danger that a resistance has been temporarily eliminated without having been properly analysed' (3). Without going into the validity of Eissler's statements, one gets the impression that in many instances he may have taken it for granted that these patients with whom the parameters were introduced were really in analysis, and hence analysable. What he considers as deviations from the classical technique may have been only a variety of attempts to make a person with severe ego modifications accessible to the technique. In other words, these were methods of preparation for analysis and not the analytic procedure itself. Eissler refers to the patient with the hypothetically normal ego who in clinical reality is never encountered. Such an ideal patient, after some introductory instructions, will immediately associate freely without any deletion and criticism and will make maximum use of the interpretations given by the analyst. The average patient, and especially the patient with ego modifications, will need a much longer preparation than the initial interviews can offer. Therefore the treatment cannot immediately be analysis *per se*, but will gradually turn into it as the patient's anxiety diminishes and the slightly supportive, encouraging, or promoting activity of the analyst tapers off. Frequently what in outward appearance may be regarded

as a classical analysis of many years' duration may not even have scratched the surface, but nevertheless may have made the patient accessible to a future analysis by another analyst. Ruth Mack Brunswick writes in reference to the re-analysis of the Wolf-Man, 'I believe that the insight won during the first analysis was responsible for the patient's final accessibility' (2).

The first analysis, however, may also, and without the awareness of the therapist, reduce the prospects for re-analysis.

A 32-year-old physician, an ambulatory schizophrenic with persistent homosexual phantasies, had, of his own accord, written to his previous analyst abroad to send me a resumé of his analysis with her which had lasted about five years. In her letter to me she described him as a patient not easy to treat because 'he loves to talk and a lot, but he produces only few memories and even less from his childhood, and his productions are without affect'. From my own experience with him in the course of three months, I concluded that she must have permitted him for years to deliver an uninterrupted, relentless flow of verbalizations, seemingly in compliance with the fundamental rule and yet only an expression of a most tenacious resistance. As far as I could hear, he did not hold back any memories, but, under the pretence of revealing significant childhood material, he indulged in an endless recital of infantile reminiscences and autistic reveries of megalomaniac content. He was quite complacent about being ultra-honest and a model patient. He regularly brought numbers of voluminous dreams and was very proud of his fantastic productions, by which he had seduced his mother, his previous analyst, and so far me as well, because by giving him interpretations I was not only actually applauding him, but also affording him an opportunity to show me that he knew everything better than anybody else. He had consulted nearly a dozen analysts before he came to me. In his phantasies he had defeated all of them because they had all proved incapable of dealing with him. He had carefully checked whether I was a classical psycho-analyst, which unconsciously meant that I would cater to him and not interfere with his illness. In one of his dreams, the analyst was lying on his belly, while he the patient, as Apollo, the beautiful muscle boy, was stepping with one foot on the analyst's buttocks.

To paraphrase Fenichel, 'a reasonable ego from which this pathological conduct could be alienated was lacking, analysis was in principle impossible, and a preanalytic pedagogical training was required to establish such a reasonable ego' (4).

The first thing I did was to tell him that he made quite an understatement if he considered himself merely neurotic. He understood the

implication and correctly guessed that I wanted to induce anxiety in him. Nevertheless, he was unable to fend it off, and tried desperately to prove to me that he was only playing with psychotic phantasies. He suggested a Rorschach test, but to his surprise I accepted and welcomed his suggestion, which made him even more apprehensive. Then I told him to stop talking about Greek drama and mythology, about Moses, Leonardo da Vinci, and Goethe, and instead to tell me about his work in the hospital and how he was preparing for the Medical State Board examination. When again he began the next hour with a dream, I told him that he need not tell me any more dreams since he did not profit by them. For the first time he was silent for a while, obviously startled. Then he accused me of not conducting a classical analysis. I replied that he still had to be prepared for analysis. This certainly did not sound like praise or admiration. Therefore, he now wanted to sit up so that he could see by my facial expression whether I really meant it and, in case I did, to cry on my shoulder and let me reassure him. This confirmed my suspicion that letting him sit up would not make him more analysable. I had actually cut off most topics for his associations, and I could not have done this if I had not known the enormous narcissistic investment which he had in speech, so that it was utterly impossible for him to be quiet for any length of time. We must not close all avenues for a patient; we must leave some outlets, better more than one, for the expression of pathology. Therefore, when the patient declared that he had nothing to talk about, I did not interpret this as spite, but suggested that he talk more about his megalomania. In the following weeks I used the most powerful analytical tool, complete silence. It seemed to be effective. He began to study for his State Board examination, which so far had been beneath his dignity. Hour after hour, by enumerating his omnipotent wishes and phantasies, he discovered, by himself, that his megalomania was ubiquitous. He developed the insight that he lived in a fantasy world in which people were only shadows, and he their master. He came to the conclusion that it was good for him that all his big talk made no impression on me, while he still could get rid of it. He could not talk about it to his previous analyst, because whatever was not a dream was considered unimportant. Soon, however, he could no longer tolerate my silence, not because of his need for

interpretations, to which in any case he did not listen, but because of his excessive need for applause, or at least for verbal encounter. Though I gave him again some directives and some scanty interpretations, he became increasingly aggressive, accused me of wasting his time and his money, because for the purpose of talking to himself he need not come to the hour. He finally insisted on sitting up and throwing his incriminations straight into my face. At this time I resorted to another parameter, a drastic reduction of the frequency of interviews. It was less for the purpose of 'bringing his dependent needs vividly into consciousness', as recommended by Alexander (1), but rather to demonstrate that he had over-estimated my dependent needs relative to him. It was not an 'improved strategy to shorten the most prolonged part of the treatment, the tedious middle game' (1); I had not deceived myself into believing that the treatment was past the preparatory pre-analytic stage. I told him quite frankly that he could not count on projecting the masochistic component of his sadomasochism on me. Of course, I also knew that he was extremely lonely; therefore, confronted with the alternative of scarcity of hours or scarcity of gratifications in the hours, he would certainly choose the latter. After six weeks of a reduced schedule he implored me for more hours, and I was able to resume the previous four hour a week schedule. At the end of a year he expressed spontaneously his gratitude that I had not thrown him out, his appreciation for the patience with which I had dealt with his persistent provocations, and his feeling that despite himself I shall be able to analyse him.

Another man in his late thirties, with multiple phobias, was referred to me after an unsuccessful analysis of four years' duration. He was supposed to utilize what he had learned in his analysis, but instead had only regressed further. Therefore after an interruption of several years the previous analyst had refused to take him back into analysis. To this patient, analysis meant, in the literal sense of the word, getting another doting parent, who would show intense interest in all the elaborations and displacements of his fears, and would reward him for his inactivity and lack of initiative. He had to learn that as long as he did not manifest a will to recovery by exposing himself to the phobic objects, the analyst would refuse to show the intense interest for which he was craving. Therefore, he was seen only in one hour a week face-to-face sessions for a year and a half preparatory to the subsequent re-analysis, which ultimately proved successful.

In relation to classical phobias, Eissler writes, 'Despite maximum interpretation, the pathogenic area cannot be tapped; even if the patient ideally adheres to the basic rule, the area constituting the core of the psychopathology will not become accessible' (3). This can only mean that analysis has not yet really begun. Jorge Mom went so far as to analyse an agoraphobic woman for three years in her home (8). We may think of the joke of the analyst carrying his couch on his back making a house call, but it would be a misnomer to call this psychoanalysis. The phobic's persistent fear of impending death keeps him in a state of panic in which he cannot be analysed. By spreading and displacing the thanatophobia on to a variety of phobic objects, he succeeds in diluting it and turning it from something inescapable to something escapable. He then, however, has to hold tenaciously to these phobic, priceless objects, and the analysis threatens him with their loss. So he will implore the analyst not to take the phobia away from him, or will turn the analyst himself into a phobic object. At any rate, before phobic patients can be analysed, they need a long period of preparation for analysis. The following case may serve as an example of how this can be done.

A 40-year-old surgeon, accompanied by his younger brother, consulted me because of his overwhelming fear of impending death. A tall and husky man with harmonious features, he wore a sports shirt and, instead of a tie, a black cord of Western style, held together by a medallion. His fear of death began when he was bending down one day and felt like fainting. Then he became increasingly frightened of the compensatory pauses following the extrasystoles by which he had been bothered for twelve years, and was convinced that he had also the precordial pain of angina. His attacks of extrasystoles occurred mainly when he was driving his car. Therefore, he carried liquor in the car and avoided streets which had associations with his cardiac arrhythmias. He was in the habit of taking afternoon naps, but suffered from insomnia at night. He was a victim of hay fever; he had symptoms of acrophobia, and recently had become practically impotent. But aside from his pretty and devoted wife, he also had a mistress, a nurse. His mother, a very exorbitant woman who dramatized every illness in the family, was still alive. The patient had two children, boys. He neglected his surgical practice and frequently had to interrupt operations from fear of fainting; once during an operation he was actually given oxygen. For four months he underwent pharmacotherapy and took enormous amounts of drugs, including narcotics. He reported a repetitive dream in which

he was parking his car in one of three parking lots and, when he returned, did not remember in which lot. It needed no associations to recognize from the dream that he was uncertain with which of three mothers, his mother, his wife, or his nurse, he should park himself.

I let him go on the couch in the third hour because I felt that I should emphasize the difference from his previous drug therapy, which he euphemistically called psychotherapy, and create distance between him and me because of his pressure of speech and his devouring tendencies. He talked at length about the drugs he was taking, and reported a dream in which he was on a beach where children were playing basket-ball. Thus, he dreamt that he was on vacation or in retirement, and one of the children. Soon he spoke about his preoccupation with death, how tremendously upset he was about the early death of Tyrone Power and another movie star, and how much he was frightened by the death cycle in his practice. He spoke so rapidly that it sounded as if death were on his heels. He mentioned that he read newspapers from beginning to end, but avoided reading the obituaries. While the hero dies only once, he was afraid of dying every day. I remarked that it seemed that he was taking death *in dosi refracta* every day, and I asked him if he expected me to vaccinate him against death. At the end of the hour, I told him that he could read the obituaries, and if he found his name, to call me. He could not help laughing at this on leaving.

The following hour he began with an unofficial part in which, standing in front of the couch, he told me that he wondered why I showed no interest in his drugs, that he had decided no longer to see his previous therapist, and that he was going to cut down on the drugs. 'But what should I do with sleep?', he asked. 'I still cannot sleep enough.' And with this he took to the couch, beginning the official part of the hour. He complained that he had only three hours' sleep and was excessively concerned about it. Then he spoke mockingly about his blind faith in analysis, because I had told him that it is just as specific for his illness as an appendectomy for appendicitis. On leaving, he again asked what to do for his sleep, and I replied he should analyse his thoughts while lying awake. His retort was that his thoughts were to kill me, and I answered that he could analyse that too.

In the eighth hour I told him that he was a

drug addict and interpreted his sleep phobia as part of his death phobia, and that he seemingly had no choice between dying in his sleep and dying from not sleeping. It occurred to him that he never wanted to sleep in a pitch-dark room; it represented a tomb. After this hour his wife called me and told me that he kept the whole family in turmoil with his insomnia, and asked me desperately what to do about it. I advised her to ignore it and no longer to try playing his nurse. In the following hour he expressed his anger that every prop had been pulled away from him. He reported a dream in which he had to stop in the middle of the sex act and it occurred to him that a famous actor had died during coitus. I told him to stop his afternoon naps, since he was no longer a child, and to read a medical journal when he woke up in the middle of the night. He was perplexed about my nonchalance and persisted in fretting about his insomnia, until I asked him whether he had no other gramophone record. Finally, I interpreted that he imitated his grandfather who supposedly had a stroke and retired at the age of 40 (the patient's age) and subsequently lived until the ripe age of 82, so that he would reach the same age. After about six weeks of treatment, he approached a crisis because he had scheduled a major operation. He came to the hour with his wife and she asked how she should deal with his panic about performing surgery, and I replied, in his presence, that she should ignore it. She said that she had always submitted to his wishes, but now did not know what to do. I advised her to reverse the situation and, for a change, to tell him her needs and her wishes. When I was alone with him again, he called himself a 'sad bastard'. He had had 18 patients the evening before and, in the end, felt like fainting. I said: 'You were envious of your patients, and your fainting spells are experiments by which you want to control death, so that you would be the only one who would never die.' When he still went on dramatizing his fears, I asked him whether he ever wanted to become an actor. He was surprised how I knew this and admitted that he always thought that he had such a beautiful physique that one day one of the Hollywood scouts would be sure to discover him for the movies. I told him that maybe he thought he was Tyrone Power. In the next hour, he reported triumphantly that he had performed a major surgical procedure without any difficulties and felt that he had made a real step forward. By the end of the second

month he stopped imploring me for help and could even tolerate my remaining silent through a whole hour. I had the assurance that he had become analysable.

What were the methods I had used? By putting him on the couch as early as the third hour, I acquired enough therapeutic detachment to counteract his panic. As Daniel Silverman remarked in his discussion of this paper, it was just the let's-get-to-work attitude which, because it pulled him out of his panic, was helpful in this case. Owing to the popular concept of the couch, I established immediately a clear distinction from pharmacotherapy, which he was still undergoing. Therefore, it was not necessary to tell him to stop seeing the pharmacotherapist, he did so of his own accord. With 'external firmness and limit-setting', as advocated by Knight (7), I reinforced his weak inner controls and at the same time checked his progressive tyranny, which had been encouraged by the over-permissiveness of his environment. As much as he dramatized, I devaluated his fears, mostly by ignoring them and even telling his wife to do so, which was active interference. In that sense I attacked the core of his psychopathology, his secret delusions of omnipotence and immortality, and the defence which he had put up to maintain them. By an abundance of early interpretations, premature for an analysis, I met half way his desire for an omniscient parent. Given the opportunity to identify with an omniscient and omnipotent parent, he could give up his own cravings for omnipotence. I omitted deep interpretations, such as his sadistic concept of coitus, and his sexualization of surgery, to avoid stirring him up prematurely, but I declared him an addict for the purpose of arousing a new form of anxiety, and a realistic one.

Summary

To summarize, we may ask when preparation for analysis is completed. So far as the analyst is concerned, it is completed when he has a bird's eye view of the dynamics and is able to gauge the transference potentials of the new patient; and, furthermore, when the analyst (a) is certain that the patient will not stop treatment at any time convenient to him, and (b) is relaxed enough to need no longer to make plans or to speculate about devices for making the patient analysable and keeping him in analysis. The patient is prepared for analysis when he has overcome his panic or acute

distress, but still suffers enough to be motivated to accept the frustrations inherent in the analytic procedure. One must be able to detect in his free associations a trend to alienate himself from the pathological part of his ego. The patient must be in the process of projecting his

own omnipotence onto the analyst, and at the same time trying to become worthy of this new omnipotent parent. Then, by re-introjection, after passage through the analyst, a healthy remodification of the patient's ego will take place.

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THE ROLE AND RESPONSIBILITIES OF THE PSYCHO-ANALYTIC CONSULTANT

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Recently Abercrombie (1) lecturing on 'The Art of Consultation', noted that 'consultation is not simply a question of sending a patient away for a second opinion. It is the careful selection of the man who by training and temperament is the most suitable for the matter in hand. His position in the profession, his standing in his specialty, his skill, his appearance, his manner, and his gift of tongues have all to be considered.' In the practice of medicine and its non-psychiatric specialties, consultations are 'arranged, generally speaking, either for information or for action,' though often of course for both purposes (1). The emphasis here seems to be on assistance to the original physician as well as to the patient.

Increasingly greater numbers of patients are being referred to psychiatrists and psychoanalysts for consultations and recommendations. The importance of this aspect of our work, though appreciated by many, has not been formally considered as a specific role up to now. The term consultant, as used in this communication, will refer to the analyst who is contacted for a patient-evaluation, and suggestions for further procedures. His role is not that of the therapist, although some therapeutic activity is inevitable even in such a transient relationship. The therapeutic activity of the consultant prior to referral to the therapeutic analyst will vary with the presenting situation, the type of patient, and the consultant's attitudes. If the consultant becomes too active therapeutically without intending to be so for a specific purpose, this can seductively sabotage later work. This may be due to an unresolved difficulty of the consultant that reflects itself in an inability to really 'let go' of a patient, or to an unconscious depreciation of the potential therapeutic analyst. On the other hand, therapeutic planning with the patient can be quite helpful. The unconscious reaction of the

patient even to the single contact with the consultant can be very important. The consultant, though unable to plan his consultation completely, must none the less be aware of his role. Thus the question that must be kept in mind is the flexibility of the consultant's role and his attendant responsibility. The technique that is followed will vary with consultants and their feelings about the specific patient.

The initial question to be considered is how the patient gets to the consulting analyst. The motivation for help on the part of the patient, though very important, will not be considered in detail here. The patient may come to the analyst on his own, or the actual referral may be made by other physicians (non-psychiatrists, psychiatrists, analysts), former patients or relatives, auxiliary medical personnel, or by community agencies. Patients frequently defer seeing the consulting analyst even after deciding to do so, until an acute threatening episode arises which confronts them with an overwhelming crisis, whereupon they seek that long delayed appointment. Inquiry into details of the referral may yield important clues as to the motivation, anxiety level, and resistance patterns present. Fantasies about psychiatry and analysis may then be elicited, as well as the expectations and goals of the patient.

The first major responsibility of the psycho-analytic consultant is to evaluate the patient's problems in order to ascertain what his difficulties are, the capacity for communication, the genetic pattern, the degree of ego resiliency and integration, the capacity for further growth and development, and the amount of limitation that reality imposes on the therapeutic regime. In short, the consultant has to decide what can be done for this person with his particular difficulties in a specific reality situation based on his individual developmental pattern. The amount of time needed for this evaluation varies;

however, if it extends beyond two to three sessions, subsequent referral may be contaminated. Patients do have transference reactions to the consultant. How he handles these will be important for later work.

Once an impression is reached on the basis of the diagnostic interviews, the question of recommendation arises. This is the second major responsibility of the consultant analyst. He must decide whether he will undertake the treatment of the patient. If he cannot do this and if further therapy is indicated, the next step must be referral. He must communicate his suggestions to the patient, the responsible members of the family on occasion, and perhaps to the source of the initial referral to him. Areas of complication may occur at this juncture. Strong patient and relative resistance may be encountered. This may be posed as reality-anchored, but since the consultant has presumably considered reality factors in arriving at his decision, these may be viewed as manifestations of resistance. This resistance may be voiced directly by the patient or indirectly by sensitive relatives out of their own ambivalences. In other instances, this responsible relative (spouse, parent, child, sibling) may be sufficiently threatened to voice his own objections, despite the patient's desire to abide by the consultant's recommendations. If the anamnestic interview has stirred up too much threatening anxiety, the patient may balk at further investigations into his problems. The consultant must be aware of these and handle them with the patient and the family.

When the consultant will not be treating the patient, he is in an excellent position to deal with these anxieties, hostilities, and resistances directly. He cannot be accused rationally of having a vested interest, and therefore can directly make suggestions that the therapeutic analyst might wish to avoid. In addition, the consultant may suggest evaluation and therapy for the relatives or may act as a continuing figure who can later be contacted by the family when questions arise. It is recognized that this may have adverse effects, but on occasion this recognized role of the consultant can facilitate the subsequent therapeutic regime.

On occasion, the analytic consultant is expected or requested to inform the original referring source of his findings and suggestions. This again may be an area of complication, depending upon the ability of the referring source to accept what the consultant advises.

In the case of the physician who has an unconsciously hostile attitude to analysis, sabotage of the therapeutic planning may be anticipated. Further referral for psycho-analysis may arouse competitive feelings in the original referring source. These should be understood and dealt with whenever possible. Again, if later complications arise, and the original referring source is contacted by the relatives, the consultant analyst can once more be a source of information regarding the patient, and/or the therapeutic process without intervening directly in the one-to-one analyst-patient relationship.

If psycho-analysis is advised, it is incumbent upon the consulting analyst to discuss the question of fees and time arrangements with the patient. Such therapeutic planning can facilitate later work with the therapeutic analyst. Questions which may indicate deeper resistances, or which may indicate a need for more superficial support, can be handled at the explanatory level. It is sometimes necessary to talk with the financially responsible relative at this point so as to avoid later complications. The consultant again is in an excellent position to deal with this issue as he will not be involved in the later therapy. To be sure, these problems may come up in the patient's analysis, but the irrational aspects of them will be more clearly delineated.

A clinical example may illustrate this point more specifically. A twenty-year-old college student sought psycho-analytic consultation because of anxiety in connexion with his relationship with women. His father, though sympathetic to this idea, was consciously resistant to it. In fact, it was rationalized as concern about the degree of pathology present in his son. The consulting analyst, working with the father on one or two occasions, kept the therapeutic relationship with the therapeutic analyst uncontaminated and allowed for the development of a smoother transference neurosis on the part of the patient. Later the patient was most grateful for this method of procedure, as he always felt father was spying on him, and initial contact between father and the therapeutic analyst might have reinforced this partially realistic fantasy. Once the father's anxiety was alleviated, no further external interference occurred.

The last major responsibility of the consulting analyst is the selection of a therapeutic analyst for the patient. We know that no two analysts are identical, and yet both can be well analysed

and well trained. We cannot hold the fantasy that the analyst is perfect. Thus we must attempt to recognize, study, and anticipate the significance of the personal characteristics of the prospective therapeutic analyst on the analysis of the patient. Some patients may request an analyst of a particular age, sex, stage of experience, ethnic-cultural group, or geographical location. The consultant must evaluate these requests carefully to understand, whenever possible, what their underlying meanings are. One woman requested that the consultant refer her for therapy to a male analyst around fifty years of age. The patient could not consciously explain the reason for this request. However, the later analysis was in large part concerned with her longing and unresolved mourning for her father who died at the age of fifty. She had never fully accepted his death, and hoped in analysis to continue the father-daughter relationship where it was fixated by father's death (2). Thompson (4) notes that patients' preferences can be manifestations of resistances and defensiveness. She cites specific cases where the age, sex, personality, and cultural background of the analyst were made into initial attempts to handle particular conflicts by the patients. Thompson focuses on the psychoanalytic significance of the choice of the analyst by the patient. It is important to bear in mind that such patient requests may not be merely manifestations of resistances, but may have some validity. It is an accepted fact that familiarity with a particular cultural background will permit the analyst to appreciate certain value systems, customs, and attitudes. In instances where there is a bilingual background, familiarity with both languages can be an asset. Without such appreciations by the analyst, things might be misunderstood or thought of as having undue pathological significance.

The selection of the therapeutic analyst is usually a matter for the consultant. The motivations for this referral may not always be conscious ones. There are many factors involved in the selection of a particular analyst for a specific patient. The reality factors are of initial importance. These include the availability of the analyst, the economic range of the patient's resources, and the geographical location. If these are not involved, other considerations such as age, sex, marital and parental status, experiential and cultural background of the prospective therapeutic analyst may be important. These latter prerequisites

may be less important if there is excessive pressure on the consultant to find a therapist quickly. When there is more latitude, we may find that certain analysts are excluded because of their temperament, attitude, interests, capacities, or too many similarities to significant past or present figures in the patient's life. If the consultant has had actual contact with the prospective therapist, he is in a better position to evaluate his skills and liabilities, though biases, blind spots, and unresolved transference and countertransference reactions between consultant and therapist may work adversely in the selection of a therapeutic analyst. G. and M. Piers (3) have called attention to the identification that the consultant may make with the therapeutic analyst selected. This implies that the choice of a therapeutic analyst relates itself to that aspect of the ego ideal of the consultant which is concerned with how this particular patient should be handled. Such a relationship between the referring and the therapeutic analysts may be important in the later therapeutic process. A colleague, in noting a particularly gratifying therapeutic relationship with a patient, commented on how he felt positively toward the patient even prior to the first interview. In reflecting on why this was so, he speculated that his positive feelings and admiration for the referring analyst might have set the tone for the subsequent activity. The transference-countertransference relationship between consultant and therapist may be observed in many ways if one looks for it. When there is a communication bridge between therapeutic and referring analyst, after therapeutic analysis has started, anxieties—unconscious or at times conscious—about performance on the part of the therapist may be detrimental unless worked out. At times consultants are motivated by the thought that particular patients will or will not stir up anxieties in a specific therapist, or lest the patient be so uninteresting as to initiate boredom in the analyst. These considerations may not always be cognitively spelled out, but when one focuses on the motivational factors involved in the choice, the pre-conscious components may emerge. As already mentioned, the therapeutic analyst may have conscious or unconscious feelings about the referring source that may present a barrier in the analysis of the patient. A case of this is the premature referral of a patient to an analyst by his own previous analyst. The therapeutic analyst may in such an instance have such personal feelings about this

case as to impair objectivity. In supervisory cases, where training institutes are the referring sources, similar anxieties about performance may be more frequent than appears in the literature. To date no reports of investigations of such reactions in candidates have been published, nor has the question of specific rationale for case selection for individual assignment to candidates been reported.

The manner used by the consultant in giving information to the prospective analyst may also be quite revealing of the attitudes of the referring analyst. Thus the initial question of availability may already indicate the degree of interest the consultant has in the patient. Is the patient given a list of several analysts to call and find one that is available, on his own, or does the consultant call them himself and refer the patient to the doctor who can definitely see him? After referral does the referring analyst request periodic reports because of research interest? Does the therapeutic analyst ask for a supervisory relationship with the referring analyst? What does the referring analyst say to the prospective therapist? The answers to these questions serve to illuminate the area of the motivational factors in analyst selection. Ideally, the prospective analyst should be allowed the opportunity for a free choice of patients independent of loyalty and obligation to the referring analyst. In the main this is so; however, one does see certain lines of referral set up which may be based on unconscious irrational motivations. An example of this may be the constant referral to analysts either analysed by the consultant, or to 'sibling' analysts who had been analysed by the same analyst as the consultant. The rationale for this may be quite valid, but then again it may warrant further introspective investigation.

In conclusion, I would like briefly to discuss

the patient's reaction to the consultant after the therapeutic analysis starts. On occasion, the consultant is retained in the background as a figure to whom the patient can return for counsel or further referral if necessary. Thus the patient cited above, who lost her father, defended herself against the paternal transference with the fantasy that if the analyst died, he could be replaced by another with the aid of the consultant. Patients may fantasy various relationships between the consulting and therapeutic analysts. They may also have reactions of anger, feelings of rejection, disappointment, longing, or satisfaction about the referral. When these feelings are not reinforced by actual interventions by the consultant, they are worked through in the analysis and their significance to the patient is understood. A woman who was very competitive with her younger brother for father's attention had as a first dream in her analysis the following: 'Dr Z. (the consultant) was a king. Although I am his oldest child, I am sent by him to the much younger and inferior crown-prince to get permission for something.' In this instance the response by the patient to the referring and therapeutic analysts, and its relationship to the patient's earlier life, seemed clear and was confirmed later on in the emerging transference neurosis.

SUMMARY

An attempt has been made to delineate the role and responsibilities of the psycho-analytic consultant. These include patient evaluation; communication of recommendations to the patient, responsible relations, and/or the original referring source; and, the selection of a therapeutic analyst. Various components and areas of complication in this consultative role are discussed.

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ON BASIC UNITY

By

MARGARET LITTLE, LONDON

The Editor regrets that by a typographical error the last three paragraphs and references of Dr. Little's article on pp. 377-384 of this Volume were omitted. Their text is as follows:

Freud quotes Robertson Smith (*Kinship and Marriage*, 1885) 'Identifications which lie at the root of clan feeling rest upon the recognition of a common substance, and may even therefore be brought about by a meal eaten in common.' Here again we have the substance, the concrete thing, and bodily experience. The Christian idea of Communion rests upon the concrete symbols of bread and wine which are believed to provide a means of resurrection after death, i.e. survival of the body.

I know that this could be understood in terms of relationship of an oral kind, but I want to remind you of the two points from which I started: (i) the attempts made by patients to

establish union or identity with the analyst, and (ii) the importance for them of body happenings.

To sum up:

Within an individual both survival and the ability to find objects with which relationships can be formed depend upon the existence of a unity which comes from the entity mother-infant (or analyst-analysand). From it a rhythm of differentiation and reassimilation or integration comes. It provides the 'stillness at the centre' which allows of movement and perception; it is the *sine qua non* for living continuously in one's body, for having an identity, and for being identical with, and able to make assertion or statement of, oneself.

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OBITUARY

FREDERIC SAMUEL WEIL

1900-1959

Frederic Samuel Weil died on 6 November, 1959, at the age of 59. He left us, who knew him only as strong and healthy, without warning, and his sudden departure leaves an unhealed rift in the structure of our Institute.

Frederic Weil came from an upper-middle-class Jewish family in Basel, his grandfather having left Alsace after its surrender to Germany. The aversion to compromise and the insistence on acting in accordance with conviction so characteristic of him was apparently a family pattern. The grandfather's choice of Basel as a new domicile was most fortunate for Frederic Weil's development. Swiss at heart as is no other city, Basel's northerly geographical situation exposes it to French and German influences also. These left their traces on Weil's personality.

Born on 25 September, 1900, Weil received his undergraduate education at the Humanistische Gymnasium at Basel. Turning for a short time to the study of botany and geology, he soon decided to opt for medicine, and from 1919 to 1925 attended the medical schools of the universities of Basel and Vienna. After taking the Swiss Medical State Board Examination in 1926, he obtained his medical degree the following year at the university of his native city.

His doctoral dissertation was devoted to the permeability of the meninges in certain mental disorders. The necessary research had been done from 1926 to 1927 at Bois de Cery, the psychiatric clinic of the University of Lausanne, where he spent his psychiatric internship.

Thence he went to Kreuzlingen, working there for two years as Ludwig Binswanger's *Assistant*. The responsibilities he had to assume there were, however, far greater than those customarily attached to such an appointment. Binswanger quickly recognized Weil's eminent qualifications, and gave him the direction of two sections of the institution, one of which was considered the most difficult of all to manage. His gift for treating psychotics was acknowledged by his chief, who, when Weil left, expressed his particular thanks for the benefit the whole institution had derived from his collaboration.

The next four years, until 1932, Weil spent at Burghölzli, the citadel of psychiatry in Central Europe. There, on the basis of his superb command of the whole field of classical psychiatry, he wrote his only clinical paper: 'The Conversion of an Oligophrenic Murderer Suffering from Prison Psychosis'. In this publication Weil showed his great skill in presenting an unusual and intricate psychiatric history. He solved the problem of correlating the history of three murders with the religious system developed by the feeble-minded patient under the stress of a frustrating environment.

Avoiding the temptation to get lost in the many fascinating details of the clinical situation, Weil was able to recreate the patient before our eyes as the suffering human being he was, who found bliss and almost ecstasy in a system of religious revelations. We cease reading only with the greatest regret that Weil did not make more use of his rare combination of organizing capacity, impeccable literary style, and scientific depth and exactness.

Weil continued his clinical training at the University Clinics of the Charité at Berlin, and completed it at the Salpêtrière in Paris in 1933.

At the beginning of his medical studentship he had become familiar with some of Freud's books through a much older friend. The latter soon broke with psycho-analysis, but on his first contact with Freud's work Weil had made up his mind to make psycho-analysis his life-long vocation. He remained true to this determination for the rest of his life, difficult as this must have been in the early years when the beginner was offered, in sect-torn Switzerland, a variety of other depth psychologies perhaps more alluring or exciting than austere classical analysis.

He was in training analysis with Emil Oberholzer from 1930 to 1931, and this professional association grew into a long friendship. For years he collaborated with Oberholzer in the latter's Rorschach studies and himself became a foremost expert in the Rorschach test. From 1932 on, Dr Weil was a member of the Swiss

Medical Society for Psycho-Analysis. He was thus well prepared to settle down in Basel for private analytic practice, and he did so in 1933. During 1937 he married his wife Annemarie, with whom he shared profession, interest, and life, and who stood faithfully by his side to weather bravely whatever fate had in store for them.

In 1940 Weil decided to leave his native country, and he emigrated to the United States in the following year. From 1942 to 1947 he was Adjunct Psychiatrist at Mount Sinai Hospital, New York; in 1948 he became Associate Attending Psychoanalyst at the Psychoanalytic Clinic of Columbia University; and in 1949 Instructor in Psychiatry there. In 1946 he gained the Diploma of the American Board of Psychiatry and Neurology.

He was in further analysis with Dr Ernst Kris in the U.S.A. In 1943 he became a member of the New York Psychoanalytic Society; from 1947 on he was a member of the Faculty of our Institute. This function became the area of his main interest, and to it he loyally and devotedly dedicated most of his free time. He held numerous assignments. One—and this he cherished most—was his teaching. He conducted the Rorschach seminar for two years, gave a reading seminar from 1950 to 1956, and thereafter the seminar on the obsessive-compulsive neuroses. From 1952 to 1954 he was Secretary of our Institute, and from 1952 was regularly reelected a member of the Educational Committee. He served on many other committees, and was Chairman of the Student Committee from 1954.

Weil was well known for the thoroughness with which he carried out his duties. He was never ready to make compromises with regard to work he had to do. He unflinchingly set aside his own comfort and advantage in favour of the Institute's welfare. He worked in several key positions, and there are many who derived great benefit from the wisdom of his decisions, his foresight and conscientiousness. But all of us owe him a great debt for having made the welfare of the Institute his main and principal concern. No doubt this was a great sacrifice for him, not only in terms of time and physical exhaustion, but also of renunciation of research work and publication. He was equipped as was no one else to undertake a productive career as a scientific writer. His familiarity with classical psychiatry, the profundity of his knowledge of Freud's writings and the psycho-analytic litera-

ture, the vastness of his psycho-analytic experience with the neuroses and the schizophrenias, made him a scholar of a type that in our time is becoming more and more rare. If fate had spared him for a few years he would, despite his absorption in the flourishing of the Institute, have given us, I feel, a critique of existentialist psychiatry which would have been a synthesis of the three fields in which he was an unrivalled master. The contemporary degeneration of Central European psychiatry was for him a matter of worry and alarm. That we did not have the good luck to receive from his pen a repudiation of this latest deviation on the tortuous path of European psychiatry is an irreplaceable loss.

When a Rorschach of the Wolf Man was needed, the Sigmund Freud Archives turned to Weil and asked him to undertake this responsible piece of work. They could not have made a better choice. Interrupting his vacation to meet the patient, Weil not only administered the test but performed a thorough psychiatric examination, thus making a decisive contribution to one of the most controversial issues in psycho-analytic literature.

Weil remained to the end a representative of the so-called classical technique of psycho-analysis, which he employed in a masterly way. Rarely do personality and classical technique harmonize so well as they did in him. Accordingly, it never became a problem for him what technique to use, as happens so frequently. It is often claimed that the coldness of the classical technique alienates the patient and subjects him to unnecessary suffering. The way Weil dealt with patients is an outstanding example of the fallacy of this argument. He proved that humaneness and humanity are not only compatible with even the extreme rigours of the classical technique but are its very prerequisite. It is also my impression that his work showed how adherence to classical technique does not preclude the development of a personal style.

Weil consistently avoided the limelight. His lack of showiness was not the result of a principle, or based on a compensatory mechanism. It was, it seems, part and parcel of his personality; neither the result of conflict nor leading to conflict, but his natural way of living, which was characterized by a deeply meditative relationship to the world. To spend an evening in his company was a source of delight, because the intimacy of personal relationships opened the channels of communication. One then had the

opportunity to admire the wealth of his ideas and the gracefulness of his mind. In the intimacy of personal conversation with him one also discovered what I would call the French tradition in him. Then he was witty, at times ironic, supple, and always extremely sensitive to aesthetic values; indeed, I should consider a subtle kind of inborn aestheticism most typical of him. He possessed an aura of natural beauty of which he was quite unaware because, again, it was not the result of deliberation or principle. The flexibility and fluidity he exhibited in personal contact was in contrast to his unbending determination when it was a matter of doing. He was well known for his unwillingness to make compromises in any decision of a committee on which he served. As a true humanist, he acknowledged freedom of thought in the realm of ideas, but insisted that there is no alternative to the one correct decision that will solve a problem at hand.

Weil was one of the few who succeeded in making a synthesis of seemingly discrepant cultures. His honesty and moral fibre would never have been able to deny any of the cultural loyalties that were part of him, and thus he preserved his personal identity by bringing into harmony the many cultures with which by necessity and by preference he identified himself. Although he grew up in the Germanic part of Switzerland he absorbed likewise the French element of the Swiss tradition. He was a true Swiss if ever there was one, but this did not

prevent his becoming a true American when he came to the United States. He soon felt at home here, and although he loved his Basel as much as before, America became for him a second native land, doubly dear to his heart after the birth of his beloved Susan, in whose upbringing in a country that gives its children a degree of freedom undreamed-of by a Swiss child, he intensely participated and found consummate happiness. Amidst this great variety of disparate cultures that he integrated he also felt himself a Jew. Although any trace of orthodoxy or nationalism was quite alien to him, he would probably have approved when the Faculty donated four hundred trees in Israel in his memory.

But towering above these various cultural and ethnic ties was his cosmopolitan humanism, in which he was again most loyal to the tradition of his native city. Thus the most general and the most special aspects of him coincided, and the harmony he established was favoured by the fortuitous conjunction of external factors.

Among the wealth of memories of Weil that will never leave us, there was one thing that probably made him memorable even to a casual acquaintance: those dark, glowing deep eyes, out of which spoke passion and compassion, suffering and joy, the ancient child and the wisdom of the adult; those eyes were unforgettable by anyone who had ever seen them.

K. R. Eissler.

LEONARD BLUMGART

1881-1959

Dr Leonard Blumgart died on 20 March, 1959 at the age of 78. It was with profound sorrow that we learned of his death. He was one of the pioneers of psycho-analysis in America, and had the courage, tenacity, and faith to begin practice in New York at a time when the atmosphere was not friendly to analysis. There were only a few analysts in New York and none in the rest of the United States.

After graduating from the College of Physicians and Surgeons at Columbia University, Dr Blumgart served his internship at Lenox Hill Hospital. He served as a volunteer at the New York Psychiatric Institute at Wards Island from 1915 to 1920. He was attending psychiatrist of the Out-Patient Department at Post-Graduate, Polyclinic, and Cornell Hospitals.

In the spring of 1921 Blumgart went to Vienna, together with a small group of psychiatrists, to be analysed by Freud, and remained there until the following year. During his career he was also Associate Attending Psycho-analyst at the Psycho-analytic Clinic for Training and Research of Columbia University. He belonged to various psychiatric societies, being a life member of the American Psychoanalytic Association, and a member of the International Psycho-Analytic Association and the New York Academy of Medicine.

Blumgart was very active in promoting the aims of the Child Study Association in its early beginnings, and wrote papers on the mental hygiene of children. He served on the Board of Visitors of Westfield State Farm, Bedford

Hills, New York. He was one of the original sponsors of the Committee for Mental Hygiene among Jews when it was formed in 1919. This Committee formed the nucleus of the Hospital for Mental and Nervous Diseases at Hastings-on-Hudson, now known as Hillside Hospital, on the Medical Advisory Committee of which Dr Blumgart served from 1927 until 1947; for a period he was its Chairman. Later, he became Consulting Psychiatrist to Hillside, and served in this capacity until his death. During this association with Hillside Hospital, Dr Blumgart had an important constructive influence on the Medical Board's activities and in the expansion of the hospital.

He became a member of the New York Psychoanalytic Society in 1914 and instructor in the New York Psychoanalytic Institute in 1938, serving in this capacity until 1950.

From 1942 to 1946 Blumgart was President of the New York Psychoanalytic Society, and

it was during his presidency that its present building was purchased and remodelled. During his tenure of office, he gave most generously and tirelessly of his time and energy and contributed his best efforts to help create this permanent home for the Society and Institute.

All who worked with him respected him. He was always courteous, patient, attentive to criticism, always ready to serve and loyally to further the aims of the Society and Institute. A completely sincere and friendly person, with a keen sense of humour and wit, he was an excellent raconteur.

Dr Blumgart had a distinguished career and found fulfilment in his professional, cultural and social life. We have lost a generous, humane friend and colleague to whom this Society and the psycho-analytic movement in the United States owes a great deal. His passing is a profound loss to us all.

Sandor Lorand.

FERNAND LECHAT

1895-1959

The Belgian Psycho-Analytical Society has recently suffered the untimely loss of its President, Fernand Lechat, after a short illness. In him it loses not only one of its pioneers but also one of its most valued members.

Born at Mont-sur-Marchienne in 1895, Fernand Lechat was 19 at the outbreak of the First World War. During the fighting he was badly injured in the legs and left for dead on the battlefield, but recovered and later re-enlisted without hesitation. His numerous decorations are a testimony to his courage. After the war, with his characteristic energy he went into business, but although successful found it was not what he wanted. His temperament, so open to all that was human, led him naturally to the study of other people's problems, with the hope of being able to help them. Attracted by depth psychology, he studied this together with applied psychology, in which he was intensely interested.

During the time when Dr Hoffmann, a pupil of Freud, was staying in Belgium Lechat undertook a professional analysis with him. He then went on to Paris for further work with Dr Leuba and Mme Marie Bonaparte, and was admitted as an associate and later a full member of the Psycho-Analytic Society of Paris.

In January 1947, with M. Dugautiez and Mme Lechat, he founded the Belgian Association of Psycho-Analysts. With his perseverance and

unrivalled energy he was able to disseminate Freud's theories in Belgium and to attract young psychiatrists to this new therapy. The task of directing the work of the Association fell mainly on Lechat, who devoted himself to it wholeheartedly, both by writing and lecturing and by editing the Society's *Bulletin* and directing the seminars. He was always at the service of his colleagues, young analysts and patients, to whom his time and energy were unstintingly devoted. As an active participant at every Psycho-Analytical Congress, his verve and warmth made him many friends. When, in 1958, he became President of the Belgian Psycho-Analytical Society he organized with his customary enthusiasm the 20th Congress of Psycho-Analysts from the Latin countries.

Those who knew and appreciated Fernand Lechat's vitality, his smiling good humour, and his *joie de vivre*, will miss him greatly. His wife loses an admirable husband; others lose a prized and faithful friend; his pupils, a stimulating teacher. All, even those who disagreed with him, will sadly miss a collaborator whose thirst for knowledge and passion for discussion inspired them to a clarification of their own opinions and to discussion of his. It will take time for us to become fully aware of the fact that he is no longer with us.

Th. Jacobs van Merlen.

BOOK REVIEWS

Human Potentialities. By Gardner Murphy. (New York: Basic Books, 1958. Pp. 340. \$6.)

It is a chastening experience for a psycho-analyst to read this book; chastening both because its conspectus is so much broader than that to which he is accustomed in the consulting-room, and because the psycho-analytic standpoint seems to play so relatively minor a role in the thinking of the very eminent psychologist who is its author.

Murphy's courageous, ambitious, and timely aim is to consider the future potentialities of man, or rather to outline a system within which it would be possible to attempt such a consideration. His theoretical standpoint is that of Lewin's field theory of interaction between organism and environment, with the result that he holds that it is not possible to make long-range predictions of what human nature will be like in the future. This broad conclusion is in general convincing, particularly if one inclines to the anti-historicist position of Popper.

At times, however, Murphy seems to take this conclusion too far, as when he suggests that we can have no reliable ideas of what men will be like in the not too distant future. This follows from his relative lack of concern with the biological basis of human nature; and this is the reviewer's major criticism. In psycho-analytic terms, he seems to see the ego as potentially much more autonomous than the id. The question arises too whether field theory, which sees human nature in terms of interaction between organism and environment, can accommodate the unconscious which is cut off from two-way interaction with the internal 'environment' of the ego as well as with the external one by the barrier of repression. Certainly Murphy does not discuss this aspect of interaction between the human organism and its environment.

He does, of course, acknowledge the importance of psycho-analytic contributions to the understanding of human nature, even though, in his preface, he includes psycho-analysis along with other themes such as atomic energy and its uses, world government, the new pharmacology, on which 'others can write a great deal better. . . . It is the human stuff that concerns me'. It might be asked why one should wish that his acknowledgement of psycho-analysis should more deeply inform his work. Yet his aim is to outline the broadest possible systematic approach that will include within its scope as wide a range of human potentialities as might be conceived. The omission of reference to psycho-analytic studies is particularly noticeable in his discussion of the psychological boundaries between

person and world, where he states that contemporary psychology offers at least three approaches, namely those of gestalt psychology, information theory, and Lewinian field theory. This may seem to be ungrateful quibbling over what is an admirable and opportune attempt, but its very sincerity and humanity call for an honest and critical appraisal. Murphy is pioneering and his work challenges the supplemental efforts of, *inter alia*, psycho-analysts.

The book is a manifesto that psychology has and will have contributions to make to the human future just as significant as, indeed more so than, those of physics, engineering, and biology. 'For even though we work within the pavilion of a tightly controlled group process, we can nevertheless give greater and greater support to the growth of individual potentialities. Indeed, if the spirit of discovery, so central in science and discovery, can be made dominant in our attitude to human nature itself and to the individual child, our scientific-technological age may achieve as much creativeness in dealing with the development of its own potentialities as it has achieved in studying the potentialities lying hidden in the world of physics and chemistry' (p. 174).

Murphy distinguishes three human natures: the biological, the cultural, and a third which is characterized by the need to understand as such and which is a recent development, first showing itself in Greece, again at the Renaissance, and ever increasingly in our own time. He maintains that biological evolution will continue through such means as different matings and racial mixture, changes in nutrition and the understanding of genetics. To the reviewer this reads vaguely and is unconvincing. Physical anthropologists like LeGros Clark have emphasized that it is just man's lack of physical evolution, the retention of his generalized, unspecific anatomy, that has facilitated his mental evolution. There have been no great changes in man's physical nature for the last two or three hundred thousand years, and all the mental evolution that has occurred since then may be fully explicable in terms of cultural continuity rather than in terms of genetic changes. However, Murphy is concerned mainly with the second and third human natures, especially the latter. He sees a new kind of humanity emerging, rooted in science and the urge to discovery, including the discovery of the self, the results of which will strengthen the moral, intellectual, and social drives, e.g. 'He not only finds out more about how he is made, but is changing himself in the process' (p. 12). The break-through of this new humanity could be described in terms of the conceptions of ego-

autonomy; though Murphy does not consider this possibility when he remarks, 'Gratefully here we may use Aristotle's . . . entelechy, the efforts of gestalt psychology, of Kurt Goldstein, of Gordon Allport, to find fulfillment in the wholeness of the living individual' (p. 323). This omission of any reference to Freud or other psycho-analysts is not unique. Freud's name does not occur in any of the lists of noteworthy men to whom Murphy refers. When he does refer to him in this sense it is to state that his and Darwin's ideas, 'magnificent and liberating as they are, will . . . have to be replaced by radically different conceptions' (p. 327).

The concluding pages of the chapter on boundaries between person and world carry, to the reviewer, a somewhat mystical flavour which is perhaps understandable as belonging with the emphasis on the potential limitlessness of human evolution that pervades the whole study.

This is a very stimulating book the reading of which is in the nature of a corrective experience for a psycho-analyst.

Noel Bradley.

Personality, Stress and Tuberculosis. Edited by Phineas J. Sparer, M.D. (New York: Internat. Univ. Press, 1956. Pp. xviii+629. \$12.50.)

This book, whose publication is sponsored by the American College of Chest Physicians, consists of thirty-three lectures given by different authors to the staff of the Veterans Administration Tuberculosis Hospital, Memphis, Tennessee, as an orientation course in the psychosomatic approach to tuberculosis. The editor has purposefully avoided any attempt to bring together the different views in the several papers, whose quality varies greatly. Some will be of immediate interest to those psycho-analysts who are analyzing patients who have had or have the disease: especially those by Wittkower and by Hartz.

Wittkower finds that though no specific personality type prevails in tuberculosis patients they all show an inordinate need for affection together with conflicts over aggression. He distinguishes five ways in which the patients-to-be have defended themselves against these needs and impulses and relates each to the onset of the disease, to the patient's reaction to it, and to his tendency to relapse. He quotes with approval Rebner's suggestion that not infrequently the tuberculosis lesion is felt to be representative of and equivalent to the image of a frustrating, sadistically attacked, incorporated mother who is simultaneously craved for. Hartz expresses a similar view.

The insistent and overt demands for affection of some tuberculous patients seem to have led some psychotherapists to make their gratification a first stage in psychotherapy as distinct from general hospital care and management. Masserman seems to hold this to be a necessary prelude to gaining the patient's confidence. Yet the dangers of this approach

in intensive psychotherapy are perhaps indicated in a case described by Galdston. A young woman who had earlier divorced her husband fell ill with active tuberculosis, anorexia, and schizoid symptoms after she had suggested to him that they re-marry. Galdston states that initially 'She required not to be told, but to be made to feel that . . . she was in effect a "loved child" in the sight and presence of the therapist. She needed to be "made a fuss over"' (p. 181). Considerably later 'the transference neurosis was exhibited in pure form' (184), a claim which in the circumstances just mentioned seems somewhat doubtful. The end-result of therapy was that she re-married her ex-husband. Galdston doubts how satisfactory the marriage could be, but reflects that perhaps it was as much as could be hoped for. One wonders, however, if she may not have re-married against what she may have unconsciously felt were her therapist's wishes, thus repeating the first marriage to the same husband which had been against her parents' wishes. Certainly the therapist's unenthusiastic response when reporting this aspect of the case might well point in this direction. If this were so it may well have been due to the earlier 'fussing over' phase having made it difficult if not impossible to analyze the transference, and possibly also the counter-transference, in all its ramifications. Perhaps the use of a social worker in that phase, bringing about a split-transference, might avoid such difficulties.

Noel Bradley.

Hypnosis and Related States. By Merton M. Gill and Margaret Brennan. (New York: Internat. Univ. Press. 1959. Pp. 405. \$7.50.)

Time Distortion in Hypnosis. By Linn F. Cooper and Milton H. Erickson. Second Edition. (London: Baillière, Tindall & Cox. 1959. Pp. 206.)

A Handbook of Medical Hypnosis. An Introduction for Practitioners and Students. By Gordon Ambrose and George Newbold, Second Ed. (London: Baillière, Tindall & Cox, 1959. Pp. 276. 27s. 6d.)

There has been a revival of interest in hypnosis since World War II. It is gratifying that psychoanalysts have been in the forefront of those who have re-examined the psychodynamics of the hypnotic state and of hypnotherapy. The book by Gill and Brennan, which has the subtitle 'Psychoanalytic Studies in Regression', is the most important comprehensive work in this field since the studies of Schilder and his associates. Hypnosis is viewed as 'a particular kind of regressive process which may be initiated either by sensory-motor-ideational deprivation or by the stimulation of an archaic relationship to the hypnotist'. In emphasizing the importance of sensory deprivation, the authors have followed Kubie and Margolin. The hypnotic state implies a reduction of ego function. The transfer-

ence relationship to the hypnotist is of a primitive regressive type. The hypnotic state is 'a regression in the service of the ego'. In their metapsychological consideration the authors have adopted Hartmann's and Rapaport's concept of the autonomy of the ego. In hypnosis there is a loss of autonomy with domination of a subsystem of the ego by part of the environment. Hypnosis also implies a regressive revival of earlier child-parent relationships. The physiology of the hypnotic state is reviewed in the light of recent experimental work. There are interesting chapters on fugue and hypnotic state, and on 'brain-washing'. The latter attacks the sensorimotor apparatus and at the same time introduces a strong transference to the person in power. The authors see hypnosis as a useful adjuvant to any psychotherapy. Its success depends on the psychotherapeutic relationship rather than on the quality of the hypnotic state. The authors here sometimes employed hypnosis in psycho-analytic treatment for deepening the transference. The book contains a useful survey of the clinical applications of hypnosis and an excellent bibliography. Although obviously written with great care it is extremely readable.

The fact that Cooper and Erickson's book on time distortion in hypnosis has appeared in a second edition only five years after its first publication, testifies to the great interest which the author's experimental studies have aroused. The first edition was reviewed in this *Journal*, Vol. 37 (1956), p. 497. The basic observation was the subjective expansion of clock time in the hypnotic state so that long periods could be lived through in a few minutes. The second edition contains new observations on the converse type of time distortion, i.e. the shortening and condensation of subjective time experience in hypnosis. It was possible to produce both time expansion and time condensation in the same subject. The book has opened up a new approach to the study of hypnosis and of the experience of time.

The first edition of the *Handbook of Medical Hypnosis* was reviewed in this *Journal*, Vol. 37 (1956), p. 501. The second edition contains additional information about the neuro-physiology and clinical uses of hypnosis. The book will continue to serve its purpose as an introduction for general practitioners.

E. Stengel.

Identity. Introductory Study No. 1. World Federation for Mental Health. (London, 1957. Pp. 46.)

This interesting essay is the work of a Scientific Committee of WFMH consisting of Margaret Mead, Klineberg, Lagache, Line, and Rumke (chairman). The Committee is concerned with the clarification of important concepts in the field of mental health and with stimulating research. They chose the concept of identity because of its relation to many other basic concepts, and defined it as coterminous with person-

ality and individuality. Identity stems from identification. The development of identity and its organization are fully discussed, as well as the concept of empathy. A section headed 'Identity and Group Membership' deals with group loyalties, group prejudice, the role of laughter in human relations, leadership, morality, identity change, and other social aspects. Nationalism is discussed as a phenomenon of identity with the nation. Ethnological aspects are also considered. In fact, the book deals with all facets of the personality concerned with human relations of all kinds and levels. It is not concerned with the biological sources of personality development.

This is a most valuable report of what must have been a highly stimulating discussion. It would be a pity if the esoteric sound of the title should adversely affect the appeal of this unusual booklet, which is of interest for everybody concerned with human behaviour.

E. Stengel.

Explorations in the Physiology of Emotions. Edited by L. J. West and M. Greenblatt. Psychiatric Research Reports of the American Psychiatric Association, No. 12. (Washington, 1960.)

This congress report should be of great interest to everyone concerned with the physiological concomitants of emotions such as fear, anger, resentment, anxiety, etc. Numerous experimental studies are presented, and in some of them not only the emotions but also their meaning to the persons experiencing them are taken into account. It is gratifying to note that psychophysiology and dynamic psychopathology are no longer regarded as entirely separate fields of study.

E. Stengel.

American Handbook of Psychiatry. Ed. Silvano Arieti. (New York: Basic Books, 1959. 2 vols. Pp. 2,098. Price £8.)

Before World War II the German *Handbuch*, which used to be a monumental encyclopedia consisting of many volumes, was unrivalled as a source book for information and research. Nothing similar has been attempted since. It is doubtful whether nowadays leading experts would have the time necessary for the elaborate critical surveys of which those works consisted. Also, they would be out of date much more quickly than they used to be in the past. However, the demand for encyclopedic presentation today is as great as ever. The two volumes which have appeared under the above title are an attempt at satisfying this need. In the preface the editor states that 'this work represents a serious effort on the part of 111 authors to present the developments, concepts, trends, techniques, problems, and prospects of psychiatry today, in a form useful for both the expert and the beginner, in

which every leading school of thought and every major approach is included'. This is a formidable undertaking, and it is not surprising that the result is somewhat uneven. The editor has not succeeded in enlisting the co-operation of recognized experts in all fields, but a great number of the contributions are authoritative and first class. Others are less satisfactory, and read like essays written in a hurry. The scope and the level of discourse vary greatly; some articles are valuable surveys written with great care, while others are elementary introductions for undergraduates, such as the brief chapter on the 'classic psycho-analytic approach'. Nevertheless, the work as a whole reflects the range of present-day American psychiatry, and will be of help to students and research workers in many fields of mental science.

E. Stengel.

Oedipus and Job—in West African Religion. By Meyer Fortes. (Cambridge University Press, 1959. Pp. 81. 10s.)

In this interesting and agreeable essay—an expansion of his Frazer Lecture—Professor Fortes begins by using the myths of Oedipus and Job to illustrate two primitive, but very different, concepts of causality: one in which fate or destiny, the other in which divine justice, governs our affairs. He then goes on to show how each of these recurs in West African religion.

The tragedy of Oedipus lies, not merely in his punishment (by blinding or castration) for the crimes of parricide and incest, but in the way his conscious longing to be a good son is defeated by his evil destiny—which Fortes derives from his unconscious revolt. Moreover, it is his unconsciously determined curiosity which ultimately brings about his downfall, and helps to determine the form of his self-punishment. For this consists in the destruction of the organ of his insight—a point stressed by Fortes, as by Bion in a recent paper.

The story of Job seems—at least at first sight—to be based on an entirely different theory of the cause of human ills. No destiny compels Job to sin against his will, and so to earn inevitable punishment. But he does sin, and in a very subtle way, by being so self-righteous that he puts himself on a par with God. So, after all, his punishment was just. When he sees this and repents, he is forgiven and his prosperity is restored.

Nevertheless, I am inclined to regard the two myths less as illustrations of two different theories of human misfortune than as stressing two different aspects of the same one. This, when freed from the distorting effect of projection, is the belief (which is very largely true) that our lives are determined by the interplay of our ids and our superegos. For there can be little doubt that these are the entities personified in the concepts of destiny and justice—though not always unambiguously. Both Oedipus

and Job sin unconsciously; their sin is committed by a repressed or split-off part of themselves, that is, by something from their ids. And for this both are held responsible, and punished, by their superegos.

The greater helplessness of Oedipus in the face of his destiny, or id, would seem to result from the fact that, as Fortes points out, his father really was a bad one. Laius did reject him; and for this reason the 'hostile component in the filio-parental relationship comes to the fore, and is given symbolic expression in the image of an evil Prenatal Destiny which finally destroys its victim'. For this reason, too, I think his superego has an id-like quality, so that the two entities seem almost fused together in the concept of his evil destiny.

The sophisticated European thinks of events as the product of physical causality and conscious rational decision. The West African, as described by Fortes, acts on the same beliefs in his daily life, in which he seeks, by his own efforts, to achieve a normal degree of success in farming, marriage, and procreation. But, like Oedipus or Job, he attributes failure to destiny or justice. In doing so he shows his awareness, at least of projections, of his id on the one hand and his superego on the other. To this extent we may regard him as more aware of psychically real entities in himself than the sophisticated European.

Roger Money-Kyrle.

Of Love and Lust. By Theodor Reik. (New York: Farrar Straus. 1957. Pp. 624. \$7.50.)

About eighteen months ago I reviewed Reik's *Myth and Guilt*, and found it so interesting and captivating that I asked for his next book in the hope that reviewing it would afford equal pleasure. Unfortunately this hope has not been fulfilled. In the present volume Reik states that it must be detrimental to remain a close follower of Freud, as he has been for so long. Whilst doing justice to Freud's great work, he compares it to a symphony which cannot be added to. This comparison seems useless, since the composition of a symphony must necessarily be dependent on the inspiration of a genius, whilst scientific discoveries made by a genius can be extended and developed by others, a fact which Freud was always ready to acknowledge. The author does not tell us how he has been able to write a large number of interesting books and monographs which have branched off in various directions and are valuable contributions to psycho-analysis, and have been generally welcomed as such. It is of course possible that the writer made his statement with his tongue in his cheek. However that may be, this product of his freedom and independence is most disappointing.

The volume contains three long works and one short one which have been previously published. The first, which gives this book its title, is based on the thesis that all falling in love starts with hate.

That is to say, the lover begins by hating the object which embodies so many desirable and idealized qualities. The proof of this thesis is drawn out to almost 200 pages without being made convincing as a generally applicable rule.

Next comes a paper on masochism in modern man. Some of the case material is interesting, and the phantasy content to which the author draws our attention deserves more investigation. He also develops the statement that masochistic pleasure contains a rebellious root in that the patient manages to extract pleasure from pain, despite the general concept that pain can only bring displeasure. While rebelliousness may be found in some cases, one wonders why the author has to accompany his findings by the constant reiteration that almost all other analysts have failed to see them. Pleasure in scientific discovery does not appear to be a sufficient gratification for him.

The short paper on being unmarried contains nothing of note except for some interesting anthropological details.

The last section of the book includes a monograph with observations on the Emotional Differences of the Sexes. While quite readable, this contains nothing new for analysts or even for analytically-oriented laymen.

On the whole, the book cannot be said to be rewarding reading, or to come anywhere near what Reik at his best has been wont to offer his readers.

One wonders why this collection has been considered worth reprinting.

Hilda C. Abraham.

The Creation of Woman. By Theodor Reik. (New York: George Braziller, 1960. Pp. 159. \$3.75.)

Dr Reik brings his original mind and encyclopaedic knowledge to the never solved and apparently always interesting problem of Woman. He draws attention to the pre-history of Adam who, either a widower or a divorcé (from Lilith), is given a help-mate by God. Applying the analytic rule of 'reversal' to the myth Reik comes to the conclusion that the birth of Eve from Adam was really a wish-fulfilment on Adam's part, and that the real meaning lay in Eve's giving birth to both a son and husband. He then brings this wish of Adam into line with the puberty rites which mean a severance from the mother by the pretence that the sons are reborn by the father.

Reik reminds us here of the many myths that deal with the subject, such as that of the birth of Athene from her father's head. His remarks on mythology, drawn mainly from Otto Rank's book, as well as his interpretation of Genesis are both instructive and, as written in his fluent and witty style, amusing. The book closes with an impressive bibliography.

Katherine Jones.

ABSTRACTS

Contents:

The Psychoanalytic Study of the Child, 13, 1958.

THE PSYCHOANALYTIC STUDY OF THE CHILD (An Annual), 13, 1958.

Phyllis Greenacre, M.D. (New York). 'The Family Romance of the Artist.' Pp. 9-43.

Consideration is given to the biographies of St Francis of Assisi, Thomas Chatterton, Gogol, Henry M. Stanley, and Rilke, and the dynamics of the Family Romance which is a common feature. The artist's greater inborn sensory responsiveness and capacity to organize sensory impressions lends an intensity to his personal relationships and an ability for empathy which often leads him to a special relation with aspects of the inanimate world which he animates (the field of collective alternates. *Psa. Study Child*, 12). Precocious development with diminished boundaries between libidinal phases and premature confrontation with an intense oedipal phase may drive the artist to ease the conflictful nature of his object—relatedness by displacement into the field of collective alternates. Rivalry for cathexis between intensely felt bodily states and object experiences may lead to hypochondria and disturbance of emotional relations.

The marked ambivalence of the latter with the tendency to the splitting of images arises from an unusual degree of fusion of phase pressures and their mutual interaction and reinforcement. The prolongation of this state into latency may result in a feeling of difference from his group for which the family romance provides a rationalization and reinforcement.

In some cases the extreme frustration arising from this hypererotized state may lead to compulsive masturbation with phantasies of destructive inventiveness. The compulsive drive for perfection of the artist derives from this masked sadism as well as the need to harmonize it in the act of creativity. These two attitudes may find expression in the family romance.

The identification of the artist with God and Nature may arise in the phallic-oedipal phase through the force of his own body feelings, incomparably greater in the artist, which respond to and cause a kind of amalgamation of body imagery with outer forms in the world. Experiences of inspiration and revelation at an early age often combine elements of awe (phallic) and supra-sensory communi-

cation, closely connected with air movements and flying derived from the olfactory elements of the anal stage; states of fusion with the outer world, the oceanic feeling, derive from experiences of nursing.

The mythological figure of the artist-shepherd-boy represents the essential loneliness of the artist and provides a culture background for the sense of hopelessness and degradation and the fantasies of salvation. The sheep in its softness, smelliness, and dumb reliability has special fetishistic qualities. The fetish has a peculiar significance in both religion and art.

The artist's realization of ability to communicate is not so much a narcissistic gratification and recognition as the temporary interruption of essential loneliness.

Leo S. Loomie, M.D., Victor H. Rosen, M.D., and Martin H. Stein, M.D. (New York). 'Ernst Kris and the Gifted Adolescent Project.' Pp. 44-63.

The title of this group project which Dr Kris chaired is in part a euphemism. the artistically or scientifically gifted patients ranging in age from 9 to 36. This report of a work still in progress aims at illustrating Kris's contributions to two themes especially his own, the nature of the artist, and the methodology of psycho-analytic research. The full analyses of these patients were regularly reported for group discussion.

A young mathematician's attempts to ward off nocturnal sexual feeling by a preoccupation with mathematical problems was sometimes disturbed by erotic feelings, and the solution of the problem might be accompanied by orgasm. Contrary to expectation, a successful secondary process type of discharge could be accompanied by intense elementary effects. The analysis showed that affects were permissible only when they had been completely sublimated and defence was directed to warding off competitive impulses which the outstanding ability unconsciously served.

The impingement of the conflict upon the level of performance was traceable only in the fact that the patient sometimes solved problems without being able to visualize how he obtained his results. Kris pointed out that this problem was not covered by concepts dealing with the transformation of psychic energy (neutralization), which neglect the speed of the process. By using a hypothesis in which the rapidity of the transformation would be the central issue, it might be seen to be characteristic of such a

patient to affect a greatly accelerated transformation of energy discharge from primary to secondary process.

In the case of a sculptor it became possible to study the reinstatement of working ability after a breakdown, and hence the reciprocal interplay between defence, impulse, and work in a variety of reinstated activities. Kris noted: 'We are inclined to think that sublimation is a very great distance from instinctual life. . . . What we see here rather is how the instinctual gratification is omnipresent in the act itself so that it is really the gratification of the instinctual side.'

Further aspects of case material and discussion deal with Kris's preoccupation with the reciprocal effects of the special gift on the environment and the environment's effect on the gift. The latter aspect has more frequently been considered in its role of stimulating or suppressing maturation and development. 'We are about to appreciate . . . the influence which endowment may exercise on life experience and particularly the role which endowment may play in facilitating the detachment of ego functions from conflict in establishing autonomy in certain activities.'

The peculiar form which the family romance assumes in the artist, namely the discovery of the talent by an unknown man who takes the child with him, may suggest a specific factor in the object-relatedness of the artist. 'This is somebody who tolerates the masturbatory fantasy and does not object to it. . . . Then masturbation is tolerable; somebody recognizes in this childish play the great genius.' Here Kris emphasized not only the influence of the typical family romance on the development of the talent but also the talent's contribution to the discovery fantasy. This seems particularly significant in the light of Kris's experience of the crucial part played by identification, a part not sufficient to explain the talent but consistently there.

Further comments deal with technical questions involved in group research of this kind.

Samuel Ritvo, M.D., and Albert J. Solnit, M.D. (New Haven). 'Influences of Early Mother-Child Interaction on Identification Processes.' Pp. 64-91.

This report of work which still continues is based on Kris's interests in longitudinal studies and is presented by his co-workers. The environmental influences in a child's development may reinforce inborn equipment or predisposition or they may act in the opposite direction. The investigation relates to Kris's formulation that the child might have different personality characteristics and adaptations if his predispositions were reinforced than if they were toned down by the environment.

Two girls of observed differing dispositions interacting with mothers of markedly differing personalities were the subject of study (by multiple observers representing differing disciplines), from birth for a

period of several years. Predictions were made at each step in the study. Evelyn's early needs were easily met and did not impinge upon the mother's deep conflicts. They seemed to dovetail with the mother's best established defences. The balance of the child's perceptual and discharge apparatus enabled her to utilize the object flexibility for gratification. This balance and the particular type of maternal care facilitated her capacity to accept substitute and illusory gratifications. Margaret, because of her sensitivity and irritability, was a difficult child to comfort. This characteristic collided forcibly with the mother's deepest conflicts. Thus the close empathic tie which could later lead to successful internalization was hampered. While Evelyn developed a capacity to use identification as adaptation rather than as a defence, Margaret's early identification processes tended to be fixated at an imitative level, warding off latent trends to respond to new situations with the painful overflow of irritable responses characteristic of her early sensitivity. The child's ability to identify with those aspects of the (later) comforting mother was thus interfered with. It is possible that the imitative behaviour became a special instance of externalization, i.e. the child imitated the mother *in toto*, perfecting a controllable kinaesthetic image of the mother to replace the earlier threatening representation.

The patterns of the early gratification-frustration experiences are deeply involved in the developing capacity of the ego to store memory traces, form illusory gratifications, and prepare the way for fantasy formation and identification, as well as to facilitate the neutralization of instinctive energy. When internalization proceeds by way of a predominantly positive tie to the object, it is more likely to go on to completion than when it proceeds from a predominantly aggressive tie. Observation of these children at the nursery school stage testified to these generalizations.

Anna Freud, LL.D. (London). 'Child Observation and Prediction of Development. A Memorial Lecture in Honour of Ernst Kris.' Pp. 92-124.

Anna Freud took as the starting point of her discussion Kris's 1950 paper 'Notes on the Development and Some Current Problems of Psychoanalytic Child Psychology', where the theoretical formulations of the 1920s were first shown to have opened up a new field in which observational studies of children could be integrated with reconstructive data to enlarge and enrich the total developmental picture. For this purpose Kris favoured above all the longitudinal study.

Newer technical and theoretical developments, especially the growing preoccupation with ego psychology, impressed Kris with the fluid and often chaotic state of our diagnostic categories, and he therefore worked to place fact-finding in observational research at the service of diagnosis. It became

his ambition 'to recognize . . . symptomatology before it became manifest . . . to spot danger before it appears'—prediction in his sense. He emphasized the greater feasibility of this aim, now that the interaction of libidinal and aggressive drives in typical danger situations, the 'use of certain mechanisms of defence to certain situations and certain developmental phases', the adaptive function of defence, and the 'uniqueness of the mother in human life' could be taken into account, above all to deepen understanding of the stages in ego and superego development. In paying tribute to the work of the Child Study Centre at Yale, Anna Freud named three factors which nevertheless make prediction hazardous; neither the quantitative factor in drive development nor the environmental happenings can be estimated and predicted; and whenever the rate of maturational progress on the side of ego development and drive development is uneven, unexpected and unpredictable deviations from the norm will follow.

Miss Freud here recorded three short studies of her own intervention in early childhood disturbances where observational data had a decisive function.

The problem of intervention is, however, scarcely ever simple. Kris's longitudinal studies have highlighted two further factors; progressive variations in the attitudes of a single mother at varying phases of her child's development which became telescoped and superimposed in the composite and conflicting mother images met in the child's analysis; and the infant's reaction to depression and emotional withdrawal in the mother. Even certain knowledge of future pathology in such cases may leave us gravely at a loss in prescribing prophylactic action.

In turning to Kris's contribution to the understanding of the sublimatory process (neutralization of drive energy, and interaction of 'the reservoir' and 'the flux'), Miss Freud presented three short studies illustrating the difficulty of distinguishing in the immature child between the beginnings of true sublimations of lasting value, sexualizations of ego functions and activities, and compulsive interests which initiate pathology. She concluded 'Perhaps . . . it is not the sublimatory process from which we can take our cue, . . . we have to look for our evidence to accompanying circumstances and conditions in the total picture of the personality.'

A final section deals with the assessment of traumatic events in a child's life. Kris was clear that the traumatic significance of an event was not laid down from the time of its occurrence, but 'the further course of life seems to determine which experience may gain significance as a traumatic one'. Material in this field gained from the parents is weighted according to the parents' and not according to the child's internal stresses. Miss Freud presented a series of studies comparing biographical and analytic data on the same child and concluded: 'I agree with Kris that we cannot predict from outside observation and at the time of occurrence

which events will prove important for future pathology . . . which aspect of a given experience will be selected for cathexis and emotional involvement.'

Heinz Hartmann, M.D. (New York). 'Comments on the Scientific Aspects of Psychoanalysis.' Pp. 127-146.

From the outset Freud saw psycho-analysis as the basis for a comprehensive psychology. Scientific analysis is not limited to the use of the analytic method but to an expanding field of application by which it is in turn enriched. Still its theoretical complexities, dictated by the special features of its subject matter, cannot yet easily be resolved by translation into the language of related fields (such as brain physiology), alluring as the greater concreteness of such languages may be.

Within its own methodological field, the inter-relatedness of hypothesis and clinical fact-finding is seldom simple, and communication is frequently inexplicit, even misleading, in defining this inter-relatedness. But as not even the simplest statement on unconscious processes can be made without permeation by hypothesis, and the full meaning of clinical findings can only be developed in the framework of theory, the difficulty of separating fact and hypothesis is not an accidental one. Further, it would be quite wrong to expect a simple correlation between the ratio of observational and hypothetical elements, and the scientific value of attempted formulation. A great number of data, by far transcending the immediate givens, and a considerable amount of hypothetical thinking have to be introduced in order to come to a conclusion.

The reconstruction of early childhood experiences in preverbal stages of development challenges our powers of formulation because the structure of the mental apparatus and the laws governing it may defy extrapolation from the more familiar later stages, and because experimental checks are not available. It is therefore imperative to study these by every method at our disposal, including that from observational data.

Yet concepts of mental processes are more than one step removed from behavioural data and from immediate experience. This remoteness is one reason why intersubjective testing of analytic propositions is arduous. Elements of behaviour similar in a descriptive sense may be genetically or dynamically different and vice versa. On the other hand what is the position of psycho-analysis in relation to the introspective schools? The difficulties of making an introspective psychology scientific have been met in psycho-analysis by the introduction of hypotheses on different levels, sometimes on a high level of abstraction, by means of which observable data become meaningful, sometimes to the point of prediction. Hypothesizing, based on self-observation, may play a more important role in psycho-analysis than in other sciences, and this process may

be additionally fruitful when the objectifying devices of the psycho-analytic method are brought to bear on it. This would be a fascinating object for the study of creative thinking in psycho-analysis.

While quantification is implied in many analytic concepts and as analysis moves further towards a general psychology may become more important, measurement at all costs, considering variables only from the angle of our capacity to measure them, would sacrifice essential elements of analytic research.

The approach to the validation of psycho-analytic hypotheses, through experimentation on men and animals, while so far not contributing to a reformulation of these hypotheses, overlooked the essential insight that hypotheses are primarily tools to be adapted to the demands in a given field, and was ignorant of the specific character of our subject-matter, and the complexities encountered by every method that strives for an explanation of personality. This understanding of hypotheses as tools suggests that progress in our science can best be expected from analysts themselves, able to judge the logical nature of these tools and test their fruitfulness in psycho-analytic work. Here it should be said that in addition to the work of objectivation which stems from the student's own analysis, there is much that is teachable and learnable about the methodological aspects of psycho-analysis as a science which could fruitfully be included in training curricula.

Ishak Ramzy, Ph.D., and Robert S. Wallerstein, M.D. (Topeka). 'Pain, Fear and Anxiety. A Study in their Interrelationships.' Pp. 147-189.

Within the framework of the basic principles of psycho-analytic theory, a working hypothesis has been suggested for the study of pain, fear, and anxiety. Pain is the sensation which signals a breach in the integrity of the body in relation to the external world, or a part or function of the body in its balance with the other parts. On the mental level of organization, this disruption of a physiological continuity is experienced as the perception of pain, which is thus 'the psychological adjunct of an imperative protective reflex'. An attempt is made to link up this original perception of pain with the various sorts of painful sensations, ideas, and affects experienced by the ego in sleep and wakefulness.

In physical pain there is a real boundary (between self and outer world), in which there is a real breach, a rupture of a physiological continuity. In contrast to breaches and boundaries which can be encompassed on the mental level alone, without reference to any reality correlates, is the existence in the presence of bodily pain of a breach which must be encompassed on two phenomenal levels simultaneously—the mental and the physical. The distinction between affects of non-bodily pain and the sensations of a bodily pain can perhaps be understood as a representation of the kind of boundary

which is being breached. Anxiety is that affect which signals a danger to the integrity of the ego-id boundary, and guilt stands exactly similarly in regard to the relationship of the ego to the superego. In structural terms it becomes possible to trace the relationship of physical pain to mental pain and to point out some of the determinants of natural and pathological pains. It is suspected that the individual capacity to tolerate both would be found ultimately to derive from the same sources.

In genetic terms it is postulated that there is a close relatedness of primary pain and fear experiences to the nature and degree of the subsequent anxiety experiences. That is the proneness to anxiety; the ways of handling it and defending against it are assumed to depend upon the innate and developmental individual differences in the earlier experiences of pain and fear. The 'protective barrier' has not only the function of keeping out excessive stimulation but of letting through appropriate stimuli necessary for the maintenance of organismic functioning. Basing themselves on Hartmann's concept of the undifferentiated phase, and recent ethological work, the authors describe the infant's earliest experiences of unpleasure as diffuse and undifferentiated states of psychobiological excitation and tension not properly to be called pain or anxiety. Anxiety is always a derivative experience, based on memory traces of previous pain or fear, and demanding therefore some primitive degree of ego integration, while fear may be either an innately determined (primary) experience or a derivative (secondary) experience based on prior pain. Pain is always in this sense a primary experience.

Max Schur, M.D. (New York). 'The Ego and Id in Anxiety.' Pp. 190-219.

The author discusses the importance to the problem of anxiety of the simultaneous availability of learned and instinctually patterned responses and their interlocking.

An earlier definition of anxiety (1953) is amended as follows: 'Anxiety is a reaction to a traumatic situation or to danger, present or anticipated. In this reaction we have to distinguish between the affect anxiety, which is an ego reaction, and the discharge phenomena which are also id manifestations.' The normal ego responses to anticipated danger operate to a large extent with secondary process, while the id element is what Freud probably had in mind when speaking of automatic anxiety. The term anxiety covers a complementary series, the economics of which are varyingly covered by degrees of fusion and neutralization of aggressive and/or libidinal impulses.

Considerations which are adduced and discussed for the proposed change are: the author's earlier distinction between anxiety concomitants and anxiety equivalents (1955); further evidence of discharge phenomena in preconscious processes;

the differentiation between instinctually patterned and the learnable aspects of the anxiety response, which has its counterpart in the mental apparatus in the differentiation of the structures ego and id, and the recognition that the discharge phenomena of anxiety are more suggestive of instinctual patterning.

The author's earlier formulations of the ontogenetic relationship between anxiety and instinctual demands, more especially between anxiety and pre-genital sexuality, are supplemented now by phylogenetic considerations which make the link between sexuality and danger even more plausible.

Kurt Eissler, M.D. 'Notes on Problems of Technique in the Psychoanalytic Treatment of Adolescents, with Some Remarks on Perversions.' Pp. 223-254.

The frequency of symptomatic changes manifested by many adolescent patients suggests that no one technique can fulfil the requirements for their treatment. In his therapeutic dealings with the adolescent, the analyst has the following techniques at his disposal. With the classical technique, he can undo the damage of inhibition, or neurotic symptoms evoked by a too restricting reality; by the technique used with delinquents he is able to close the gaps in the patient's superego and curb his antisocial impulses; with the technique evolved for the acute phase of schizophrenia he is able to reconcile the adolescent with his total environment when he is endangered by withdrawal and surrender to the id with a minimum of defence. By instigating a conflict between the ego and perverted impulses, the analyst seeks to safeguard in the unconscious the cathexis of adequate heterosexual objects and of the genital function.

The ultimate and most difficult task is to synthesize these techniques. Except where the disturbance can be contained within one diagnostic category, the technique of treatment has to be correlated with the respective phase in which the patient's symptomatology moves. The widespread pessimism regarding the success of analysis in this period may stem from the rigid adherence to one technique throughout treatment.

The author discusses some dynamic factors in the phase which elucidate in part the evident 'liquidity' of personality and gives some reasons why analysis presents difficulty at this time. In discussing the part played by masturbation in the life of the adolescent, he offers certain formulations on the psychology of orgasm and the nature of perversion, where the selectivity of conditions for orgasm is so conspicuous. The conscious part of the ego is forced to perceive and, if possible, to acknowledge as true certain conditions which disprove what is represented as true in the unconscious. The ego is then, depending on quantitative factors, endangered by accepting either the delusional representation of the

unconscious, or reality as it exists, which entails intolerable anxiety. If in the state of orgasm, the ego succeeds in giving reality a structure that conforms to the unconscious representation, it escapes both alternatives.

Further comments concern the analyst's function of safeguarding the creative function of the patient which the author regards as open to damage in analysis at this period.

Elizabeth R. Geleerd, M.D. (New York). 'Borderline States in Childhood and Adolescence.' Pp. 279-295.

A review is given of recent literature on borderline states. The author discusses new aspects of an already published case of her own and adds notes on two further adolescent cases. In all these cases the disturbance of the ego is manifested in the pathological development of the object relationship with the mother. It consists in failure to develop that 'confidence' in forthcoming gratification considered to be the basis of permanent object formation—hence the pathological intolerance of these children to frustration by the mother.

As a result of this failure, anxiety states reflecting the helplessness of the ego in the face of id demands can be observed. The anxiety in these cases is not a signal of danger but is in the nature of traumatic anxiety in the face of relatively mild frustrations. The reactions of such patients to the outside world are based on the intrapsychic model of the ego's helplessness in dealing with instinctual demands. The prognosis in such cases will depend both on the nature of the early ego deficiency and on the pathogenic influences of the environment and accidental developmental factors. Children of this type lack the confidence of gratification by the mother when they enter the phase of first recognition of the mother, in which they still consider themselves part of her. They react to any frustration by the mother as if it were a total loss, a disaster. Consequently and subsequently the differentiation between the mother and the self does not take place, or if so, only incompletely. The pathological results will vary in intensity and extent in each case.

Leo A. Spiegel, M.D. (New York). 'Comments on the Psychoanalytic Psychology of Adolescence.' Pp. 296-308.

In contrast with the relative fixity in latency of the three psychic systems, much of the disturbance of adolescence can be viewed as sequelae of disturbed intersystemic relations. The influx of sexual drives tends to disrupt the psychic apparatus. It is the task of adolescence to assimilate this genital sexuality into the self.

Another significant task is the establishment of a relatively fixed sense of self or of ego identity. The

anxiety and guilt from the reanimated Oedipus complex results in the withdrawal of cathexis from object to self representations with subsequent oscillations of cathexis between self and object. The creativity of adolescence may be linked indirectly to cathectic oscillations. Through artistic creation, self may become object and be then externalized and thus may help to establish a balance of narcissistic and object cathexes. Some aspects of preadolescent psychology in girls indicate a flight from the life of imagination and a maturational development of capacities for reality mastery which helps to withstand the narcissistic surge of adolescence.

While it is not possible to plot the vicissitudes of interstructural relations through the various stages of adolescence, the author makes a number of observations focussed on this area which have technical and prognostic significance when therapy is a consideration.

Annie Reich, M.D. (New York). 'A Character Formation Representing the Integration of Unusual Conflict Solutions into the Ego Structure.' Pp. 309-323.

The analysis is reported of a man whose history revealed an abundance of traumatic situations and a preponderance of regressed pregenital and sado-masochistic strivings. Conditions for the formation of good object relations and healthy identifications were far from favourable. Nevertheless the all-over result was an amazingly positive and ego-syntonic one. Important sublimations were formed, libidinal strivings found acceptable expression, and lasting object relations were established. The report aims at understanding how such successful character formation became possible in such difficult circumstances.

The operative factors are summarized as follows. The patient's capacity for melting together defensive patterns with slightly modified instinctual gratification was an unusual one. His ability to fit his adult sexual life into the frame of the curing-healing-giving compulsion may have preserved him from more serious potency disturbances and allowed him to obtain a substantial degree of gratification. The success of the synthetic function in integrating the wealth of pregenital fantasies into the realm of the ego may be explicable on the assumption that the ego could continually draw energy from the id, neutralizing it and using it for its own purposes. The ego possessed a particular capacity for sublimation based upon the solid structure of its defences but also on this free line of access to the id. His ability to solve his problems in a constructive way seems to have been rooted in some element of magic thinking, of preserved omnipotence. It was as though these regressively revived features of a primitive ego could be mobilized at will for purposes of reconstruction.

David Beres, M.D. (New York). 'Vicissitudes of Superego Functions and Superego Precursors in Childhood.' Pp. 324-351.

The abstract nature of the concept superego must be made more concrete by defining its specific functions. As listed by Freud these fall into two groups, those which prevent the expression of forbidden drives, and those which define ideals and values. Superego functions become manifest only through some recognizable ego functions. Thus such thought processes as memory, conceptualization, and judgement, and a certain level of intellectual development are necessary to distinguish moral values. Reality testing and object relationship play their part. The superego is an agency which increases the ego's capacity to recognize danger situations, more specifically certain kinds of danger situations. Its hallmark is the accompanying affect of guilt, itself an ego function.

The functions of the superego pass through recognizable developmental stages. Social compliance in early childhood may be achieved as ego response to danger situations. Turning of aggression against the self and reaction formation may then be looked on as precursors of the superego. The sense of guilt though an ego function is the hallmark of an internalized superego. It should be distinguished from the need for punishment. In children it may be associated with precocious ego development. Early transient identifications which fluctuate between introjection and projection and can add to the introject the child's aggressive impulses are to be distinguished from the more permanent identifications which mark the later developmental stages. For the child to incorporate within his psychic structure an agency capable of independent functioning, that is a true superego, there must be a corresponding establishment of a separate identity. The replacement of magical thought by reality testing and the development of some degree of conceptualization are also essential. The degree of neutralization of instinctual energy is an important factor in the stability of identification, the permanence of its internalization, and its orientation to reality. There is as yet no definite answer to the question of how far specific ego functions must progress to permit the structuring of the superego. Moreover in any one individual there will be an intermixture of archaic and mature superego features.

Clinical material is adduced covering deviant superego attitudes and the dynamics of ego-superego interrelatedness which they exemplify.

P. J. van der Leeuw, M.D. (Amsterdam). 'The Preoedipal Phase of the Male.' Pp. 352-374.

Attention is drawn to the significance, for the psychic development of the adult male, of the impossibility of fulfilling the preoedipal wish to be

pregnant and bear children like mother. The obstacles to be overcome are the feelings of rage, jealousy, rivalry, and above all the feelings of impotence and helplessness and the destructive aggression which accompany these experiences. In early childhood, childbearing is experienced as achievement, power, and competition with the mother. It represents being active like mother. It is an identification with the active producing mother.

This problem plays an important role in numerous men, and to elaborate these conflicts without suffering a disturbance in development is one of the greatest tasks in the preoedipal phase of the male.

Further research is necessary to establish to what degree this is generally true, how these problems manifest themselves in women, whether there are characteristic differences in the development of the male and female, or whether their development takes largely the same course or is even identical.

Analytical material demonstrates that conflicts arising from this difficulty may lead to the persistence of the identification with the preoedipal mother, that they may disturb the productive, creative activity and may be a factor in the genesis of perversions.

René Spitz, M.D. (Denver). 'On the Genesis of Superego Components.' Pp. 375-404.

The author examines the infant's experience of restraint at the hands of the adult for insight into the formation of superego nuclei or primordia (to be differentiated from the superego structure). While the role of the earliest forms of physical restraint is as yet insufficiently understood, the connexion of the mental experience of physical restraint with a fuller understanding of psychosomatic illness and hysterical paralyses cannot be overlooked. Restraint by gesture and verbal command which follows lead the child to imitate and identify with the object. Physical imitation probably rooted in phylogenesis has as much a part in producing these behaviour patterns as does identification. They originate in the child's insurgence against his infantile helplessness and serve the purpose of mastery. Later in the beginning of the second year the defence mechanism of identification with the aggressor will appear, notably of the adult's inhibiting 'No', assumed first in gesture form and then verbalized. The child turns his gesture against both himself and the adult. Turning this gesture against the self marks the inception of a differentiating grade within the ego. As shown in the role-playing games of the child, the operation of this function is tried out playfully and its potentialities will be gradually explored in imaginary as well as actual situations. The author assumes that, on the one hand, the intrapsychic conflict between the libidinal and aggressive drives, simultaneously directed towards the love object in this achievement, will ultimately lead to the development of guilt feelings

in the course of the second year. On the other hand the necessary condition for the development of guilt feelings is the differentiating grade within the ego which makes it possible to turn one part of the ego against the self.

While at fifteen months the child is able to distinguish and imitate the object's behaviour fairly exactly, the adult's mental processes and affects can be perceived at first only 'globally', i.e. as 'for me' and 'against me'. When in identification the prohibition is turned against the self and against the adult, the global quality of the affect is also appropriated. This behavioural entity represents energy transformation on a grand scale, a step towards the domestication of the drives in which the motor expression of the affect 'against' has been subjected to the control of the ego and modified with far-reaching consequences.

From the viewpoint of thought processes, the gesture expresses a judgement and discloses the capacity to perform the mental operation of negation. This step will lead inevitably to the formation of the abstract concept underlying negation, the first abstract concept to appear in mentation.

Any abnormality in the development of the infant's object relationships will inevitably distort the developmental role played by these primordia and produce an ultimate defect in superego structure. Closer observation of the developmental sequences in the behaviour patterns discussed may ultimately be usable for diagnostic and corrective purposes.

Mary E. Bergen (Cleveland). 'The Effect of a Severe Trauma on a Four-year-old Child.' Pp. 407-429.

The analysis is described of a four-year-old child who with younger siblings had witnessed the murder of her mother by her father, a paranoid schizophrenic. She alone of the children who were subsequently fostered by a relative showed signs of serious reaction to the event. She organized the other children to reenact the murder in play and showed a compulsive need to tell strangers of the event while preserving silence at home about it. She 'confessed' to other children her guilt at being implicated. Symptoms continued till the beginning of analysis, nine months afterwards. The history showed that Ellen's disturbance long antedated the breakup of her family and that she was already a quarrelsome impulsive child with strong tendencies to manoeuvre people and to plot and scheme to control every situation. Contributory events were the birth of siblings in quick succession at an early age, and the early necessity for the mother to withdraw needed care. Marked restriction of her motility and continued subjection to the primal scene had occurred.

The analysis indicated how one element of the horrifying event after another became involved with the child's own fantasy world, thereby receiving

weight through emotional cathexis. The child's preoedipal sense of frustration and her search for an ideal 'good' mother found guilty fulfilment in her move to a new foster home. Her death wishes against three younger siblings served her identification with the violent but loved father. On the oedipal level, the murder of the mother gave reality to the guilt-laden wish to remove the rival parent. All the elements of the oedipal situation appeared in full force; love for the father, rivalry with the father, guilt for wishing to separate the parents, the effects of prolonged witnessing of the primal scene. The latter determined the child's deep involvement with that moment of the tragedy when the threatened woman tried to remove the children from the scene by screaming 'Get out of here'. In the analysis, this detail was shown to symbolize the crowning insult, the mother being experienced as trying to exclude the child angrily from the parents' intimacy.

Joseph S. Bierman, M.D., Arthur B. Silverstein, Ph.D., and Joseph E. Finesinger, M.D. (Baltimore). 'Depression in a Six-Year-Old Boy with Acute Poliomyelitis.' Pp. 430-450.

A depression occurring in a six-year-old boy with acute lower extremity paralytic poliomyelitis was studied as part of a long-term investigation of a series of children with poliomyelitis. The illness was perceived by the patient as a specified injury to the legs, as a more generalized injury to the body, and symbolically as a castration. He suffered a fall in self-esteem similar to that found in depressed adults. Both the child and his mother had phantasies about an oral cause, nature, and cure of poliomyelitis. Orality played an important part in the depression, oral-incorporative and oral-aggressive phantasies being prominent. Conflict was engendered by his oral-aggressive phantasies. The patient's mother showed both a depriving and overcompensating attitude toward the patient in regard to food.

A tentative formulation of the psychodynamics of the depression is offered. The hospitalization was perceived as a separation from and loss of the ambivalently loved mother who supplied narcissistic gratification. The patient's supplies from two sources of narcissistic gratification, his mother and his body, were partially cut off. The ingestion of food led sometimes to a restored state of omnipotence, at other times to vomiting, stemming from the patient's oral-aggressive desires. The expulsion of the introjected object took place orally instead of in the anal manner usual in adult depressives. Because of his propensity to restore the lost object in an orally incorporative manner, one may suppose that the lost object had been introjected and now resided in his stomach, the co-victim along with himself of the disproportionately severe parental punishment. The alignment of forces corresponds to the formula, superego v. ego plus introject.

While in infantile depressions so far studied there

is an absence of data concerning the fall in self-esteem, the lowered self-esteem in this patient was comparable to that in the adult melancholic. In part this seemed to derive from the loss of the mother, but evidence was not lacking of the operation of the patient's immature superego to produce the formula 'I am worthless because I am bad and deserve nothing'.

Vivian Jarvis (Freeport, N.Y.). 'Clinical Observations on the Visual Problem in Reading Disability.' Pp. 451-470.

The author concentrates on the scopophilic problem in reading disabilities. The active aspect of looking necessary to establish the automatic skill of reading rather than the reading content is felt to create the major difficulty. Clinical material is adduced to illustrate the major conflict between active and passive trends and the consequent inability to identify with one's own sex. Non-readers often have a greater reading vocabulary than is suspected, but alphabetical letters and words lend themselves to quick association with underlying fantasies and make resource to denial in the service of keeping such fantasies repressed, a constant feature.

A central notion in the fantasies is that of the phallic or castrating mother. Stupidity equated with craziness, badness, inability to read, is felt to result from masturbatory activity with injury displaced to the head, but at a deeper level is regarded as a symbolic castration, both ideas serving as a denial of real castration in either sex.

An understanding of the denial of voyeurism and compensatory exhibitionistic activities or fantasies should have important implications for reading therapy and for the teaching of reading in normal situations. Practical comments are offered on both these aspects.

William G. Niederland, M.D. (New York). 'Early Auditory Experiences, Beating Fantasies and Primal Scene.' Pp. 471-504.

Case material is offered in which the patient describes the immobilizing effect of noise during primal scene observations ('ground between millstones', 'encased in cement', 'pounded by a sledgehammer'). These sensations are reminiscent of ideas commonly expressed in the description of beating fantasies when the person beaten feels trapped, held tightly to the point of complete immobility, or otherwise made motionless. The author regards the threatening and uncanny quality of such experiences as the result of a fusion of auditory perceptions during the primal scene with earlier ones experienced at a stage in ego development when noise was something material, perhaps of an acutely threatening, or, in oral terms, engulfing or devouring corporeal nature. The present study suggests that

the concrete character of auditory perceptions evidenced by the young child and/or the psychotic appears to be based on the primitive nature of hearing. Although the latter is not fully explored, it seems permissible to regard the function of hearing (probably also extending to concrete thinking), and of physical contact as being closely related if not identical at a very early age. It is further suggested that under the impact of auditory primal scene stimulation, these primitive modalities of sound perception can be reactivated, and when later fused with the castrative aspects of the oedipal constellation, form the concrete core common both to the fantasies of being beaten and of coital violence during that period. During the oedipal period, the experiences derived from the sensory bombardment of early stages may combine with the castration anxiety of the oedipal phase and give an unusually severe and ominous character to the castration fear, *proprio sensu*. The oral introjective aspects, including the incorporation of the sounds emitted by the objects, can be viewed as the dreamer's attempt to regain contact with his objects, broken by the primal scene events, and therefore as an attempt at restitution.

Christine Olden (New York). 'Notes on the Development of Empathy.' Pp. 505-518.

Clinical material from the analysis of a child, and discussions with her mother, and the analysis of a second mother provided evidence of ego damage in both mothers which prevented them from sensing their children's needs, and in turn kept the children from developing adequate ego capacities with a sterilizing effect on their object relations and sublimations. The goal and function of the mothers' 'closeness' to their children was entirely narcissistic, namely to relieve depression when they were stimulated by their children's exciting experiences, sexuality, or outbursts. The children functioned to provide these experiences and to obtain a reciprocal share in the mothers' excitement. They were otherwise unaware of their own needs and wants.

The mother's unity with her child, complete before parturition, is disturbed by every developmental process which assists the child to independence. The child's incorporative processes are paramount in this respect in aiding development. There exists in the mother a need to maintain the biological condition of unity for a shorter or longer period, even though this need may be repressed, denied, or laden with aggression. During the first period of unity, the mother unconsciously senses the child's needs, drawing conclusions, sometimes mistakenly, from her own narcissistic self. Later physical gratification must be replaced in part by genuine interest, curiosity, and participation in the child's growth. Only thus is the mother helped to overcome the frustration of physical separateness, and to assume the role of provider for the child.

A reciprocal process takes place in the child. When he feels 'provided for', he becomes able to tolerate his growing separateness and to form other attachments, on the basis of this understanding, initial relationship.

The roots of empathy may lead back to the primitive mother-child fusion, and disturbances of empathy may result, when mutual understanding does not in time replace the bodily-sensual awareness of each other's condition characteristic of the early months.

Phyllis Greenacre, M.D. (New York). 'The Relation of the Impostor to the Artist.' Pp. 521-540.

This paper makes a comparison of the nuclear findings which are characteristic of the major impostor and the creative individual. The author draws together her findings in two other papers, one on the impostor and the other on the creative artist's childhood. The impostor suffers from an incompleteness of development of the ego involving defective ability to form object relationships and a special disturbance of the sense of identity. Ego defects derived from strong pregenital fixations cause a thin but dramatic enactment of the oedipal conflict which is constantly re-enacted in each imposture, the imposture itself being most often the assumption of the identity of an oedipal figure, with a real or illusory assumption of his power. The artist is at least two people, the personally oriented self and the artistic one. The artistic child may react to the external world in the direct personal way characteristic of the maturational forces of the ordinary child, and his libidinal attachments develop in the direction of normal object relationships. But with his greater perceptive response to both form and rhythm, the personal objects of his immediate human environment may be invested with a greater range of other outer (often inanimate) object perceptions, related to the personal objects by similarities in form or rhythm. This means that all object relationships may be felt and expressed with a vast increase in their symbolic representations. These characteristics constitute the access to primary process thinking, the retention of which into adult life is characteristic of the artist. This 'field of collective alternates' offers alternates for the specific objects of the human object relationships and is frequently invested to a greater extent with fantasy.

Both in the creative artist on the brink of a new surge of creativity and in the impostor, between periods of imposture, there is a sense of ego hunger and a need for completion—in the one of the artistic self; in the other of a satisfying identity in the world.

The author discusses at length Thomas Mann's preoccupation with the problem of imposture and the evidence that his attraction to this theme was in part rooted in the common search for a completed identity.

Philip Weissman, M.D. (New York). 'Shaw's Childhood and *Pygmalion*.' Pp. 541-561.

The author examines the play *Pygmalion* from a psycho-analytic angle, demonstrating that its plot reflects the author's early life and family history. The contents of the early experiences shaped the author's conflicted state during the period when he conceived of the play and also during its subsequent production. Use is made of Greenacre's concepts, the artist's world of 'collective alternatives' and the artist's resolution of personal conflict in a 'love affair with the world'.

Shaw's career was marked by acting out in vivid personal relationships of early oedipal conflicts, alternating and overlapping with attempted resolution in creative works. Shaw's infatuation with Mrs Patrick Campbell—an 'object of the world' as famous actresses are likely to be—was quickly neutralized into a created image for an artistic future production when he fantasied her as an East End donna in a play. This remained in abeyance for fifteen years till the period of his mother's final illness. This event evoked the childhood images of his mother and mobilized him to create Eliza, with

the transitory object of Mrs Campbell—a conscious, desexualized world object—as the inspiration. After the completion of the play and after the death of his mother, the sexualized altercation between Shaw and Campbell occurred.

The creations of the artist are often the rearranged responses to the primal object (mother's breast), expressed in aesthetic forms (Greenacre 1957). The artist's created object, steeped as it is in the early maternal object, is often embellished with his own omniscience and omnipotence, as Galatea was by Pygmalion, Eliza by Higgins, and Mrs Campbell by Shaw, and finally as Shaw's mother in his childhood was by him. Higgins is saturated by omnipotence which he projects into Eliza and then returns to himself, in the same way as small children in normal development attribute such omnipotence to their parents and then reassign it to themselves as they dethrone the parents. In Shaw these magical factors were overdetermined and subject to a pregenital fixation in his object relations, due to the specific depriving nature of maternal care in infancy and early childhood.

Ruth Thomas.

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Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Scientific Secretary of the Institute of Psycho-Analysis, 63 New Cavendish Street, London, W.1., by 31 May of the year in which they wish to enter the competition.

The conditions governing the competition are the following:

A prize of £20 is offered.

Requirements for the Essay

The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It should illustrate clearly the events and changes in the mental life of the patient and their relation to external environment. In awarding the prize, the Judges will pay attention to acuity of observation and the clarity with which the facts are stated. If the writer wishes to draw theoretical conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction.

It is recommended that the length of the essay should not exceed 20,000 words.

The Essay shall not have been published in any book, journal or other form of publication and shall not have been read to or have formed the subject of discussion at any formally constituted meeting of psycho-analysis.

Date of Sending in Essays: Language: Format, etc.

Essays must be submitted on or before 31 May in any year. They must be in the English language, in typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Scientific Secretary of the Institute. All copies of essays submitted become ipso facto the property of the Institute (or its successor) while it has the appointment of the Trustees for the Prize Fund.

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If no essay of merit worthy of a prize is submitted in any year, no award shall be made for that year.

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The prize shall be given to the writer of the best essay in the opinion of the Judges submitted in any year. The prize may be awarded to the same person twice, provided that he submits a second essay of sufficient merit in a later competition, but the prize shall not be awarded more than twice to the same person.

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The competitor to whom the prize is awarded in any year may be called the Clinical Prize-man for that year.

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